

FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

FILED

97 FEB 21 PM 1:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

STATE OF FLORIDA
DEPARTMENT OF STATE
SECRETARY OF STATE
DIVISION OF CORPORATIONS

ANNUAL REPORT

1997

A9400000909

1. Name of Limited Partnership

1a. DOCUMENT #
A9400000909

LIGHTNING PROPERTIES, LTD.

97-AR
CM

Mailing Address
501-E--Kennedy-Boulevard
Suite-175
Tampa--Florida-33602

Principal Office Address
501-E--Kennedy-Boulevard
Suite-175
Tampa--Florida-33602

2. Mailing Address
401 Channelside Drive
Suite, Apt. #, etc.

2a. Principal Office Address
401 Channelside Drive
Suite, Apt. #, etc.

City & State
Tampa, Florida

City & State
Tampa, Florida

Zip 33602 **Country** USA

Zip 33602 **Country** USA

3. Date Formed or Registered
7/1/94

3a. Date of Last Report
4/29/96

4. State or Country of Formation
Florida

5a. Capital Contributions as Shown on record
\$990,000.00

5b. Amount of Capital Contributions in FLORIDA to date:
\$990,000.00

6. FEI Number
59-3253030

☐ Applied For
☐ Not Applicable

7. Certificate of Status Desired
☒ \$8.75 Additional Fee Required

8. Make check payable to: Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent
Paul C. Davis
Carlton, Fields, Ward, Emmanuel, Smith
& Cutler, P.A.
One Harbour Place, 5th Floor
Tampa, Florida 33602

10. If changed, new Registered Agent/Office
Name
Street Address (P.O. Box Number Is Not Acceptable)
Suite, Apt. #, etc.
City
FL Zip Code

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) _____ DATE _____

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s)
Lightning Arena, Inc.

11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)
501-E--Kennedy-Blvd-
Suite-175-
401 Channelside Drive

11b. City, State & Zip Code
Tampa, Florida 33602

11c. Registration/Document Number
P94000040025

800002096918--6
-02/25/97--01103--006
******\$50.00 ****\$50.00**

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

DATE

2/6/97

Typed or Printed Name of General Partner Signing Form **Saburo Oto, President**

Daytime Telephone Number **(813) 229-2658**

CR2E003 (6/96)