

FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP  
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

99 FEB -9 PM 4:13

1. Name of Limited Partnership

1a. DOCUMENT #  
A95000001480

DOGFISH ENTERTAINMENT, LTD.



Mailing Address

Principal Office Address

2200 LUCIEN WAY  
MAITLAND FL 32751

2200 LUCIEN WAY  
MAITLAND FL 32751

3. Date Formed or Registered

09/29/1995

5a. Capital Contributions as  
Shown on record.

\$200,000.00

3a. Date of Last Report

12/17/1997

5b. Amount of Capital  
Contributions in FLORIDA  
to date:

4. State or Country of Formation

FL

6. FEI Number

59-3340372

☐ 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)

2. Mailing Address

P.O. BOX 4961

2a. Principal Office Address

1551 SANDSPUR ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ORLANDO, FLORIDA

City & State

MAITLAND, FLORIDA

Zip

32802-4961

Country

USA

Zip

32751

Country

USA

9. Name and Address of Current Registered Agent

MCLEOD, W. EDWARD  
201 SOUTH ORANGE AVE.  
STE. 1010  
ORLANDO FL 32801

10. If changed, new Registered Agent/Office

Name

Street Address (P.O. Box Number is Not Acceptable)

1551 Sandspur Rd.

Suite, Apt. #, etc.

City

Maitland

FL

Zip Code

32751

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)

SPRINGSHOT, INC. dissolved 10/14/98  
ROJESHVEST, INC.

11a. Address of Each General Partner  
(Do NOT Use Post Office Box Numbers)

2200 LUCIEN WAY  
1551 SANDSPUR ROAD  
2200 LUCIEN WAY  
1551 SANDSPUR ROAD

11b. City, State & Zip Code

MAITLAND FL 32751

MAITLAND FL 32751

11c. Registration/  
Document Number

P95000070758

V00164

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.

Rojeshvest, Inc.

SIGNATURE

DATE 11/24/98

Typed or Printed Name of General Partner Signing Form

Jeffrey Ginsburg, Director

Daytime Telephone Number

CR2E003 (8/98)