

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

**LIMITED PARTNERSHIP
ANNUAL REPORT
1997**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

97 FEB -4 PM 2:38



1. Name of Limited Partnership

1a. DOCUMENT #
A96000000729

ACP - LEE ROAD, LIMITED PARTNERSHIP

Mailing Address
~~3440 HOLLYWOOD BLVD., SUITE 420~~
~~HOLLYWOOD FL 33021~~

Principal Office Address
~~3440 HOLLYWOOD BLVD., SUITE 420~~
~~HOLLYWOOD FL 33021~~

3. Date Formed or Registered
04/16/1996

5a. Capital Contributions as
Shown on record.
\$100.00

3a. Date of Last Report

5b. Amount of Capital
Contributions in FLORIDA
to date:
\$181,384

4. State or Country of Formation
FL

6. FEI Number
59-3376746 ☐ 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
1035 S. Semoran Blvd.
Suite, Apt. #, etc.
Suite 1007
City & State
Winter Park, FL
Zip Country
32792 US

2a. Principal Office Address
1035 S. Semoran Blvd.
Suite, Apt. #, etc.
Suite 1007
City & State
Winter Park, FL
Zip Country
32792 US

9. Name and Address of Current Registered Agent

PARALEGAL & ATTORNEY SERVICE BUREAU, INC.
1406 HAYS STREET, SUITE 2
TALLAHASSEE FL 32301

10. If changed, new Registered Agent/Office

Name
Street Address (P.O. Box Number is Not Acceptable)
400002079064--4
Suite, Apt. #, etc.
-02/05/97--01099--009
City
*****1416.49 ***147.57**
FL

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)

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

11b. City, State & Zip Code

11c. Registration/
Document Number

ACP - LEE ROAD, INC.

~~3440 HOLLYWOOD BLVD.~~
1035 S. Semoran Blvd.
Suite 1007

~~HOLLYWOOD FL 33021~~
Winter Park, FL
32792

P96000032897 ✓

400002079064--4
-02/05/97--01099--010
******393.75 ****393.75**

dcc *\$41.25 (new fees)*

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 **12-31-96**

Typed or Printed Name of General Partner Signing Form: **Dale Johannes, ACP-Lee Road, Inc.** Daytime Telephone Number **(407) 673-4242**