

FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

**LIMITED PARTNERSHIP
ANNUAL REPORT
1998**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

97 DEC 22 PM 12:08



1. Name of Limited Partnership

1a. **DOCUMENT #
A96000000756**

5642 ENTERPRISE, LTD.

Mailing Address

Principal Office Address

**4802 CULBREATH ISLES RD.
TAMPA FL 33629**

**4802 CULBREATH ISLES RD.
TAMPA FL 33629**

3. Date Formed or Registered

04/19/1996

5a. Capital Contributions as Shown on record.

\$158,400.00

3a. Date of Last Report

04/08/1997

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

\$158,400.00

4. State or Country of Formation

FL

2. Mailing Address

6719 Winkler Road

2a. Principal Office Address

6719 Winkler Road

Suite, Apt. #, etc.

Suite 121

Suite, Apt. #, etc.

Suite 121

City & State

Fort Myers, FL

City & State

Fort Myers, FL

Zip

33919

Country

Lee

Zip

33919

Country

Lee

6. FEI Number

65-0696384

☐ 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

**SCHIFF, ALFRED N
4802 CULBREATH ISLES RD.
TAMPA FL 33629**

10. If changed, new Registered Agent/Office

Name

Dennis J. Lumsden

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

6719 Winkler Road

Suite, Apt. #, etc.

Suite 121

City

Fort Myers

FL

Zip Code

33919

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 **12/18/97**

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)

ENTERPRISE VENTURES, INC.

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

**4802 CULBREATH ISLES
6719 Winkler Road, #121**

11b. City, State & Zip Code

**TAMPA FL 33629
Fort Myers, FL 33919**

11c. Registration/Document Number

P96000033741

**900002381458-2
-01/06/98-01082-018
****541.25 ****541.25**

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

Lynne C. Taylor, V.P.

DATE **12/18/97**

Typed or Printed Name of General Partner Signing Form **Enterprise Ventures, Inc.**

Daytime Telephone Number **941-489-1774**

CR2003 (6/97)