

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 12 AM 8:37



1. Name of Limited Partnership
L & C VENTURE, LTD.

1a. DOCUMENT #
A96000000763

Mailing Address
**#5 WIMBLEDON CT.
DESTIN FL 32541**

Principal Office Address
**#5 WIMBLEDON CT.
DESTIN FL 32541**

3. Date Formed or Registered

04/23/1996

5a. Capital Contributions as Shown on record.

\$11,000.00

3a. Date of Last Report

11/04/1996

5b. Amount of Capital Contributions in FLORIDA to date

4. State or Country of Formation

FL

6. FEI Number

59-3372679

☐ 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
**515 Tops'l Beach Blvd. Suite # 710
Destin FL 32541**

2a. Principal Office Address
**515 Tops'l Beach Blvd. Suite # 710
Destin, FL 32541**

9. Name and Address of Current Registered Agent

**LILES, BUDDY
#5 WIMBLEDON CT
DESTIN FL 32541**

10. If changed, new Registered Agent/Office

Name **Buddy Liles**
Street Address (P.O. Box Number is Not Acceptable) **515 Tops'l Beach Blvd.**
Suite, Apt. #, etc. **Suite # 710**
City **Destin** State **FL** Zip Code **32541**

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
BUDDY LILES CO.	#5 WIMBLEDON CT.	DESTIN FL 32541	P93000029636
8000002375858-6 -12/17/97-01115-004 ****180.75 ****180.75			
KWM			

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

Thomas Liles

DATE

12-10-97

Typed or Printed Name of General Partner Signing Form

Thomas Liles

Daytime Telephone Number

(850) 267-6027

CR2E003 (6/97)