

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

96 NOV 25 AM 8:48

12/2

1. Name of Limited Partnership

1a. DOCUMENT #
A96000001969

THE JLS FAMILY PARTNERSHIP, LTD.

Mailing Address

Principal Office Address

4219 Palacio Drive
Sarasota, FL 34238

4219 Palacio Drive
Sarasota, FL 34238

3. Date Formed or Registered

10-22-96

5a. Capital Contributions as
Shown on record

\$7,000.00

3a. Date of Last Report

n/a

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

\$7,000.00

4. State or Country of Formation

Florida

2. Mailing Address

4219 Palacio Drive

2a. Principal Office Address

4219 Palacio Drive

Suite, Apt. # etc

Suite, Apt. #, etc.

City & State

Sarasota, Florida

City & State

Sarasota, Florida

Zip Country

34238 USA

Zip Country

34238 USA

6. FEI Number

Applied Fed

☒ 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

10. If changed, new Registered Agent/Office

Jeffrey B. Sack
4219 Palacio Drive
Sarasota, FL 34238

Name

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

300002021133--7

Suite, Apt. #, etc.

12/05/96 01062 025

****191.25 ****191.25

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)

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

11b. City, State & Zip Code

11c. Registration/
Document Number

JLS Investments of
Sarasota, Inc.

4219 Palacio Drive

Sarasota, FL 34238

P96000087300

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

11/15/96

Typed or Printed Name of General Partner Signing Form

Jeffrey B. Sack, as President of
JLS Investments of Sarasota, Inc.

Daytime Telephone Number

941-374-8062

952-0644

CR2E003 (6/96)