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 -1 AM 9:22

1. Name of Limited Partnership

1a. DOCUMENT #
A96000001977

L - 5 LIMITED PARTNERSHIP

Mailing Address

947 ALTERNATE A1A. SUITE F
JUPITER FL 33477

Principal Office Address

947 ALTERNATE A1A. SUITE F
JUPITER FL 33477

2. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country

2a. Principal Office Address

Suite, Apt. #, etc.

City & State

Zip Country

3. Date Entered or Registered
10/24/1996

3a. Date of Last Report
04/17/1997

4. State or Country of Formation
FL

5a. Capital Contributions as Shown on the Last
$50,000.00

5b. Amount of Capital Contributions in FLORIDA to date

6. FEI Number
65-0245312
☐ 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

MCDONALD, JOHN D
947 ALTERNATE A1A, SUITE F
JUPITER FL 33477

10. If changed, new Registered Agent/Office

Name

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

Suite, Apt. #, etc.

City

FL Zip Code

900001238339--8
-12/04/97--01103--014
****453.75 ****453.75

10a. Pursuant to the provisions of Sections 620.1045 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 I 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
MCDONALD, JOHN D	947 ALTERNATE A1A, SU	JUPITER FL 33477	

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)(i), Florida Statutes. I release the Division of Corporations from any liability of any kind for compliance with Section 119.07(4)(d) 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 effect 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 11/19/97

Typed or Printed Name of General Partner Signing Here

Daytime Telephone Number

0000238

CR2E031 (6/96)