SENT BY: 12-30-96 16:33 ;KELLEY DRYE & WARREN- 8135976411;# 2

A96000002409

FILE ON OR BEFORE MAY 1, 1997 TO AVOID PENALTY
WILL BE SUBJECT TO REVOCATION AND DISSOLUTION

LIMITED PARTNERSHIP ANNUAL REPORT 1997

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

FILED
96 DEC 31 PM 12:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Name of Limited Partnership: LEVI-NIELSEN GATEWAY LIMITED PARTNERSHIP

1a. DOCUMENT # 96000002409

97-AR CM

Mailing Address	Principal Office Address
2. Mailing Address: Attn. Fred Rath, 5405 Cypress Center Drive	2a. Principal Office Address: Att. Fred Rath, 5405 Cypress Center Drive
Suite, Apt. #, etc.: Suite 280	Suite, Apt. #, etc.: Suite 280
City & State: Tampa, Florida 33609	City & State: Tampa, Florida 33609
Zip / Country	Zip / Country

3. Date Formed or Registered: 12/23/96

3a. Date of Last Report:

4. State or Country of Formation: Florida

5a. Capital Contributions as shown on record: $3,754,417.00

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

6. FEI Number: ☒ 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 tax information)

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 South Pine Island Road
Plantation, Florida 33324

10. If changed, New Registered Agent/Office

Name:
Street Address (P.O. Box Number is Not Acceptable):
Suite, Apt. # etc:
City: FL Zip Code:

10a. Pursuant to the provisions of sections 620.1061 and 620.102, 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 620.102, 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
LEVI-NIELSEN GATEWAY, INC.	171 Gray Street	Amherst, MA 01002-2105	P96000102381

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-01/08/97--01041--025
****576.25 ****576.25

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 exact not solely for the exemption stated in Section 119.07(3)(i), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) 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, officer or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

LEVI-NIELSEN GATEWAY, INC.

SIGNATURE By: _____, Director DATE 12/30/96

Typed or Printed Name of General Partner Signing Form: Scott J. Nielsen Daytime Telephone Number: (941) 770-1385