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**

1. Name of Elmited Partnership

DOCUMENT # A97000000062

DIVISION OF CORPORATIONS 97 DEC 30 PM 4: 16



LAKELAND TRAVEL STOP, LTD.						
Principal Office Address			3. Date Formed or Registered	58. Capital Contributions as Shown on record.		
201-N. FRANKLIN STREET. SUITE 2000 TAMPA PL 33002		i	01/07/1997 3a. Date of Last Report	Pale of Last Report \$156,000.00		
28. Principal Office Address 2045 W. Memorial Blrd Suite, Apt. #, etc. City & State L Q K e 19 A rd. FL			4. State or Country of Formation FL 6. FEI Number 59 - 34/16944	5b. Amount of Capital Contributions in FLORIDA to date: 8/7, 197, 00 Applied For Not Applicable		
Zip	Zip Country		7. Certificate of Status Desired \$8.75 Additional Fee Required 8. Make check payable to: Dept. of State (See reverse side for fee Information)			
	70110					
r reg-stored agent, or both, in the State of ns of section 620, 192, Florida Statutes IS A CORPORATION T BE REGISTERED A	Street Address Suite, Apt. # City amed limited partne Florida. Such chang	, etc. rrship organ ge was auth	ized or registered under the laws of the l	aby accept the	NESS ENTITY	
11a. Address of Each Ger	neral Partner e Box Numbers)	11b.	City, State & Zip Code	11c.	Registration/ Document Number	
201 N. FRANKLIN STR	EE V	TAMI			1 9 1 2 1031005 ****224.13	
	201 N. FRANKLIN STREET. St. TAMPA FL 33602 28. Principal Office Address 3035 W. Memo Suite, Apt. #, etc. City & State L q K e 1 q A J. F. Zip 3380 I nt Registered Agent Treg-stored agent, or both, in the State of ns of section 620.192, Florida Statutes TIS A CORPORATION TISE REGISTERED A 11a. Address of Each Get 11a. (Do NOT Use Post Office) 201 N. FRANKLIN STR	29. Principal Office Address 3035 W. Memorial Blrd Suite, Apt. #, etc. City & State L g K e 1 q A J F L Zip Country 33801 Name Street Address Suite, Apt. # City City Tregistered Agent Name Street Address of Each General Partner 11a. (Do NOT Use Post Office Box Numbers) 201 N. FRANKLIN STREE	28. Principal Office Address 3035 W. Memorial Blrd Suite, Apt. #, etc. City & State L g K e) q A J. FL Zip 3380 Name Street Address (P.O. Bo Suite, Apt. #, etc. City The Street Address (P.O. Bo Suite, Apt. #, etc. City The Street Address (P.O. Bo Suite, Apt. #, etc. City The Street Address (P.O. Bo Suite, Apt. #, etc. City The Street Address (P.O. Bo Suite, Apt. #, etc. The Street Address (P.O. Bo Suite, Apt. #, etc. City The Street Address (P.O. Bo Suite, Apt. #, etc. City The Street Address (P.O. Bo Suite, Apt. #, etc. City The Street Address (P.O. Bo Suite, Apt. #, etc. The Street Address (P.O. Bo Suite, Apt. #, etc. City The Street Address (P.O. Bo Suite, Apt. #, etc. The Street Address (Country Coun	28. Principal Office Address 20.45 W. Memorial Bird City & State Zip 3380 Country 3380 Country 3380 City & Statutes, the above-named limited partnership organized or registered under the laws of the State of Section 620, 192, Florida Statutes City & Statutes, the above-named limited partnership organized by its general partner(s). I hereby accept the resistored agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the rise of section 620, 192, Florida Statutes ST BE REGISTERED AND ACTIVE WITH THIS OFFICE. 118. Address of Each General Partner 11b. City, State & Zip Code 11c.	

to 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 Orporations 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 the annual report is true and accurate and that my signature shall have the same legal effects as if made under onthe 15 truther certify that the information indicated on the annual report is true and accurate and that my signature shall have the same legal effects as if made under onthe 15 truther certify that the information indicated on the annual report is true and accurate and that my signature shall have the same legal effects as if made under onthe 15 truther certify that the information indicated on the same legal effects as if made under onthe 15 truther certify that the information indicated on the same legal effects as if made under onthe 15 truther certify that the information indicated on the same legal effects as if made under onthe 15 truther certify that the information indicated on the same legal effects as if made under onthe 15 truther certify that the information indicated on the same legal effects as if made under onthe 15 truther certify that the information indicated on the same legal effects as if made under onthe 15 truther certify that the information indicated on the same legal effects as if made under onthe 15 truther certification. 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 Pariner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

12/29/97

Daytime Telephone Number 8/3 - 623 - 1548