FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED

99 JAN - 4 AM II: 37

1. Name of Limited Partnership	1a. DOCUMENT # A9700000545			SECRETARY OF STATE TALLAHASSEE. FLORIDA				
FOG PARTNERS FOUR LIMITED								
Mailing Address	Principal Office Address	Principal Office Address		3. Date Formed or Registered	5a. Çapi	tal Contributions as		
1745 WEST FLETCHER AVENUE	1745 WEST FLETCHER AVENUE	1745 WEST FLETCHER AVENUE		03/05/1997	03/05/1997 Shown on record			
TAMPA FL 33612	TAMPA FL 33612			3a. Date of Last Report		\$99.00		
				12/15/1997	5b. Amo	unt of Capital ributions in FLORIDA	\neg	
2. Mailing Address	2a. Principal Office Address	2a. Principal Office Address		4. State or Country of Formation	to date:			
				FL	199.			
Suite, Apt. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		6. FEI Number	Applied For			
City & State	City & State	City & State		59-3430653	☐ Not Applicable			
Zip Country	Zip	Country		7. Certificate of Status Desired	\$8.75 Additional Fee Required			
				8. Make check payable to: Dept. of 8	State (See reve	erse side for fee inform	nation)	
9. Name and Address of Current Registered Agent			10. If changed, new Registered Agent/Office					
DIAMANDIS, JOHN T		Name						
C/O RUDNICK & WOLFE		Street Address (P.O. Box Number Is Not Acceptable)						
101 E.KENNEDY BLVD., SUITE 2000			Suite, Apt. #, etc.					
TAMPA FL 33602			City Zip Code					
10a. Pursuant to the provisions of sections 620,1051 an for the purpose of changing its registered office or agent, I am familiar with, and accept the obligation. SIGNATURE (Registered Agent Accepting Appointment) A GENERAL PARTNER THAT	registered agent, or both, in the State of Flor s of section 620.192, Florida Statutes.	ida. Such change	was autho	vized by its general partner(s). I hereby DATE NERSHIP OR OTHE	accept the ap	poIntment of register	ed	
	T BE REGISTERED AN Address of Each Gener	10-4		*	144-	Registration/		
11. Name(s) of General Partner(s)	11a. Address of Each Gener	ox Numbers)	11b.	City, State & Zip Code	11c.	Document Number		
FOG GENERAL, INC.	1745 WEST FLETCHER	AV	TAMPA FL 33612		P94000033157			
مر. ا				000002 -01/21, ****14	/ 9 901	3 70 1006018 ****141.2	9	
Note: General partners MAY NOT	be changed on this form	n; an amer	ndmer	nt must be filed to cha	nge a go	eneral partne	er.	
12. I do hereby certify that the information supplied with the Corporations from any flability of non-compliance with this annual report is true and accurate and that must empowered to execute this report as required by that	Section 119.07(3)(k) in the event that the in inature shall have the same legal effects as ster 620. Florida Statutes.	formation supplied	ls deeme	d exempt from public access. I further o	ertify that the	Information indicated		
SIGNATURE	11			DATE	12/78	198		

Daytime Telephone Number_

813-968-6511