

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

98 DEC 30 PM 12:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



1. Name of Limited Partnership

1a. DOCUMENT #
A97000000878

LOIS VENTURE, LTD.

Mailing Address

P.O. BOX 320342
TAMPA FL 33679

Principal Office Address

~~5810 H WEST CYPRESS STREET~~
TAMPA FL 33607

3. Date Formed or Registered

04/18/1997

5a. Capital Contributions as
Shown on record.

\$75,000.00

3a. Date of Last Report

12/22/1997

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

\$45,000.00

4. State or Country of Formation

FL

6. FEI Number

59-3443350

☐ 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)

2. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country

2a. Principal Office Address

4427 W. Kennedy Blvd.

Suite, Apt. #, etc.

Suite 125

City & State

Tampa, FL

Zip

33609

Country

9. Name and Address of Current Registered Agent

O'MALLEY, ANDREW M

~~100 SOUTH ASHLEY DRIVE, SUITE 1190~~

TAMPA FL 33602

10. If changed, new Registered Agent/Office

Name

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

712 S. Oregon Ave.

Suite, Apt. #, etc.

City

FL 33609

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 12/23/98

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)

LOIS VENTURE, INC.

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

~~5810 H WEST CYPRESS S~~
4427 W. Kennedy Blvd.
Suite 125
Tampa, FL 33609

11b. City, State & Zip Code

TAMPA FL 33607 33609

11c. Registration/
Document Number

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-01/21/99--01072--016
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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 12-22-98

Typed or Printed Name of General Partner Signing Form

Hamilton E. Hunt, Jr. as President of

Daytime Telephone Number 913-289-5511

CR2E003 (8/98)