

**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
2. Mailing Address	2a. Principal Office Address 4427 W. Kennedy Blvd.	3a. Date of Last Report 12/22/1997	5b. Amount of Capital Contributions in FLORIDA to date: \$45,000.00
Suite, Apt. #, etc.	Suite, Apt. #, etc. Suite 125	4. State or Country of Formation FL	6. FEI Number 59-3443350 <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
City & State	City & State Tampa, FL	7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	8. Make check payable to: Dept. of State (See reverse side for fee information)
Zip	Country	Zip	Country
		33609	

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
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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) *[Signature]* 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 P97000035433
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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 *[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)