

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 28 PM 3:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



1. Name of Limited Partnership

1a. DOCUMENT #
A97000000883

WILTON PARTNERS LAKELAND, LTD.

Mailing Address

11022 SANTA MONICA BLVD., STE. 450
LOS ANGELES CA 90025

Principal Office Address

11022 SANTA MONICA BLVD., STE. 450
LOS ANGELES CA 90025

2. Mailing Address

2a. Principal Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

3. Date Formed or Registered

04/21/1997

3a. Date of Last Report

12/22/1997

4. State or Country of Formation

FL

6. FEI Number

95-4637787

☐ 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)

9. Name and Address of Current Registered Agent

BOOS, ROBERT B-
2451 MCMULLEN BOOTH RD., STE. 263-
CLEARWATER FL 34619-

10. If changed, new Registered Agent/Office

Name

CT Corporation System

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

1200 South Pine Island Road

Suite, Apt. #, etc.

City

Plantation

FL

Zip Code

33324

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.

See

-Change of Registered Office and

SIGNATURE (Registered Agent Accepting Appointment)

Agent filed on 8-26-98

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)

WILTON LAKELAND G.P. CORP.

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

11022 SANTA MONICA BL
Suite 450

11b. City, State & Zip Code

LOS ANGELES CA 90025

11c. Registration/
Document Number

F97000003680

000002741850--8
-01/14/99-01077-013
****150.00 ****150.00

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

Typed or Printed Name of General Partner Signing Form

Jay H. Wilton

Daytime Telephone Number 310-444-6377

CR2E003 (8/98)