

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
98 FEB 16 AM 8:36

1. Name of Limited Partnership

1a. DOCUMENT #
A97000000943

THE JF LANE FAMILY LIMITED PARTNERSHIP I

Mailing Address

Principal Office Address

~~3001 EUCLID AVENUE~~
~~TAMPA FL 33629~~

~~3001 EUCLID AVENUE~~
~~TAMPA FL 33629~~

3. Date Formed or Registered

04/28/1997

5a. Capital Contributions as Shown on record.

\$1,000,000.00

3a. Date of Last Report

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

\$999,500

4. State or Country of Formation

FL

2. Mailing Address

3000 Villa Rosa Park
Suite, Apt. #, etc.

2a. Principal Office Address

3000 Villa Rosa Park
Suite, Apt. #, etc.

City & State

Tampa, FL

City & State

Tampa, FL

Zip

33611 Hillsborough

Zip

33611 Hillsborough

6. FEI Number

59-3450995

☐ 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

LANE, FRANCES L
3001 EUCLID AVENUE
TAMPA FL 33629

10. If changed, new Registered Agent/Office

Name

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

400002435364--7

Suite, Apt. #, etc.

02/19/98 01065 014

City

*****526.25**

Zip Code

FL

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

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)

LANE, FRANCIS L

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

3001 EUCLID AVENUE

11b. City, State & Zip Code

TAMPA FL 33629

11c. Registration/Document Number

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

Frances L Lane

DATE

Typed or Printed Name of General Partner Signing Form

Frances L. Lane

Daytime Telephone Number

813-831-1025

CR2E003 (6/97)