FILE ON OR BEFORE APRIL 7, 1999 TO AVOID **REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP **ANNUAL REPORT** 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

99 MAR 15 AM 10: 46 DOCUMENT # 1. Name of Limited Partnership A97000000947 L & Z, LTD. 3. Date Formed or Registered Capital Contributions as Shown on record Principal Office Address Malling Address 04/30/1997 1654 LANDINGS BLVD. 1654 LANDINGS BLVD. \$1,000.00 SARASOTA FL 34231 SARASOTA FL 34231 3a. Date of Last Report 12/31/1997 **5b.** Amount of Capital Contributions in £LORIDA to date 4. State or Country of Formation 2. Mailing Address Principal Office Address FL Suite, Apt. #, etc. Suite, Apt. #, etc. 6. FEI Number Applied For 65-0745571 Not Applicable City & State City & State 7. Certificate of Status Desired \$8.75 Additional Fee Required Zip Country Country 8. Make check payable to Dept. of State (See reverse side for fee information) 9. Name and Address of Current Registered Agent ETER LANE.

S (PO Box Number Is Not Acceptable)

AANDINGS BLUD SANCHEZ, ALBERT A JR, P.A 1133 FOURTH STREET, SUITE 330 SARASOTA FL 34236 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 620.19% Florida Statutes agent. I am familiar with, and accept the obligations of seclip SIGNATURE (Registered Agent Accepting Appointment) A GENERAL PARTNER THAT IS A CORPORATION LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. 11a. (Do NOT Use Post Office Box Numbers)

CAPRICORN II, INC.

Name(s) of General Partner(s)

11.

1654 LANDINGS BLVD.

City, State & Zip Code

11c. Document Number

SARASOTA FL 34231

P96000022057

Registration/

000002:014950---4 -03/23/03-01035--002 ****141.25 ****141.25

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 \$10, Florida Statutes.

SIGNATURE

Typed or Printed Name of General Partner Sign

DATE 3-5-99

Daytime Telephone Number 941 92220/2