FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND $500 PENALTY FEE

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DIVISION OF CORPORATIONS
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LIMITED PARTNERSHIP ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

LARAR, LTD.

1a. DOCUMENT # A97000001160

99-AR/cus
CM

Mailing Address	Principal Office Address
15201 ROOSEVELT BOULEVARD. SUITE 112 CLEARWATER FL ~~33620~~	15201 ROOSEVELT BOULEVARD. SUITE 112 CLEARWATER FL ~~33620~~

3. Date Formed or Registered: 05/23/1997

3a. Date of Last Report: 12/10/1997

4. State or Country of Formation: FL

5a. Capital Contributions as Shown on record: $50,000.00

5b. Amount of Capital Contributions in FLORIDA to date: + 5,000.00

6. FEI Number: 59-3451323 ☐ 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	**2a.** Principal Office Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip 33760 Country	Zip 33760 Country

9. Name and Address of Current Registered Agent

RUBIN, LESLIE A
15201 ROOSEVELT BOULEVARD,SUITE 112
CLEARWATER FL ~~33620~~

10. If changed, new Registered Agent/Office

Name: Lee E. Arnold, Jr.
Street Address (P.O. Box Number Is Not Acceptable): 121 N. Osceola Avenue
Suite, Apt. #, etc.
City: Clearwater FL Zip Code: 33755

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)	**11a.** Address of Each General Partner (Do NOT Use Post Office Box Numbers)	**11b.** City, State & Zip Code	**11c.** Registration/ Document Number
LARAR, INC.	15201 ROOSEVELT BOULE	CLEARWATER FL 33620 33760	P97000046161

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****150.00 ****150.00

CR2E003 (8/98)

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 12/16/98

Arthur Rutenberg
Typed or Printed Name of General Partner Signing Form President of LARAR Inc

(727)536-5900
Daytime Telephone Number

0009995