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 VISION OF COOPORATIONS

1. Name of Limited Partnership

DOCUMENT #

97 DEC 26 AM 8: 21

HORNER HOLDTHUS , LTD

| Mailing Address | Principal Office Address | | 3. Date Formed or Registered | 5a. Capital Contributions as Shown on record. | |
|--|---|--|---|--|--|
| 8105 Anderson Road | | | 10/8/97 | | |
| Tampa, FL 33684 | | | 38. Date of Last Report | 1,560,101.20 | |
| | | | 4. State or Country of Formation | 5D. Amount of Capita' Contributions in FLOR-DA to date: | |
| 2. Mailing Address | 2a. Principal Office Address | | 1.1.1.1 | 1516 151 03 | |
| Suite, Apt. #, elc. | Suite. Apt. #, etc. | | Hillsborough 6. FEI Number | 1.1,200,101.20 1.1,200,101.20 | |
| City & State | City & State | | 59-347235 | Not Applicable | |
| Zip Country | Zip Country | | 7. Certificate of Status Desired | \$8.75 Addit onal Fee Required | |
| · · · · · · · · · · · · · · · · · · · | | | 8. Make check payable to: Dept. of | State (See reverse side for fee information) | |
| 9. Name and Address of Current Registered Agent | | | 10. If changed, new Registered Agent/Office | | |
| Kennuth F. Horner | | Name | | | |
| | | Street Address (P.O. Box Number is Not Acceptable) | | | |
| 8105 Anderson Rd, | | Suite, Apt #, etc. | | | |
| Tampa FL 33684 | | City FL Zip Code | | | |
| 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 purposc | | | | | |
| agent. I am lapilliar with, and a cept the obligations of section 620.192, Florida Statutes. | | | | | |
| SIGNATURE (Registered Agent Accepting Appointment). | | | , DATE. | 12/24/97 | |
| A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. | | | | | |
| 11. Namo(s) of Goneral Partner(s) | 11a. Address of Each Genera (Do NOT Use Post Office Bo | | City, State & Zip Code | 11c. Registration/ Document Number | |
|) | 1 | _ | | | |
| Kenneth F. Horner, | 8105 Anders | on ra | - 11 | A97000002176 | |
| Trustee of Kenneth | Tampa F | L la | mpa, FL | | |
| F. Horner Family | 33684 | | 33684 | | |
| Trust dated JULL | | | | The same arms of the first control of the first con | |
| day of July, 1997 | | | -01/09 | 396117 3 M9801103019 | |
| () | | | 海淅米 香 | 41.25 ****541.25 | |
| Note: General partners MAV NOT h | a changed on this form | · an amandma | nt must be filed to she | nan a conord norther | |

12. I do hereby certify that the information supplied with this filling is voluntarily turnished 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. If unlike certify that the information indicated on this annual roport is true and accorded and that my signature shall have the same logal effects as if made under eath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by phanter 620, Florida Statutes.