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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 MAY 24 AM 8:52

1. Name of Limited Partnership
Tower Oaks Limited Partnership

1a. DOCUMENT # A97000025547

Mailing Address
11710 N. Armenia Ave
Tampa Fl 33612

Principal Office Address

2. Mailing Address
11710 N. Armenia Ave
Suite, Apt. #, etc.
City & State
Tampa Fl.
Zip 33612 Country USA

2a. Principal Office Address
Suite, Apt. #, etc.
City & State
Zip Country

3. Date Formed or Registered
12/97

3a. Date of Last Report
1998

4. State or Country of Formation
FL

5a. Capital Contributions as Shown on record
$ 10.00

5b. Amount of Capital Contributions in FLORIDA to date

6. FEI Number
59-3504369
☐ 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

10. If changed, new Registered Agent/Office
Name: Tom Johnson
Street Address (P.O. Box Number Is Not Acceptable)
11710 N. Armenia Ave
Suite, Apt. #, etc.
Tampa Fl
City FL Zip Code 33612

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) Thomas E Johnson DATE 4/6/99

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
Conprop of Tampa, Inc.	100 S. Ashley Dr. Suite 1270 Tampa Fl. 33602	700000258047ST--7 -06/15/99--01039--001 ****141.25 ****141.25	P95000022389
Lead Corp.	Same as above		P97000055565

CR2E003 (12/98)

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 Thomas E Johnson DATE 4/6/99

Typed or Printed Name of General Partner Signing Form Thomas E. Johnson Daytime Telephone Number 813-228-7010