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

LIMITED PARTNERSHIP
ANNUAL REPORT
1999

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

FILED
98 DEC 24 PM 3:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Name of Limited Partnership

1a. DOCUMENT # A98000000074

THE CLEMENTS FAMILY LIMITED PARTNERSHIP

Mailing Address	Principal Office Address
% CHRISTINE K. RILEY ~~3019 BRADFORD CIRCLE~~ ~~PALM HARBOR FL 33685~~	% ALAN S. ACKER, ESQ. 326 SOUTH HIGH STREET, SUITE 500 COLUMBUS OH 43215

3. Date Formed or Registered: 01/08/1998

3a. Date of Last Report: N / A

4. State or Country of Formation: FL

5a. Capital Contributions as Shown on record.: $2,647,500.00

5b. Amount of Capital Contributions in FLORIDA to date: $2,647,500.00

2. Mailing Address	**2a.** Principal Office Address
4332 Live Oak Blvd	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Palm Harbor FL	City & State
Zip: 34685 Country: USA	Zip Country

6. FEI Number: 59-3469201 ☐ 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) $535.00

9. Name and Address of Current Registered Agent	**10.** If changed, new Registered Agent/Office
RILEY, CHRISTINE K ~~3019 BRADFORD CIRCLE~~ ~~PALM HARBOR FL 33685~~	Name Street Address (P.O. Box Number Is Not Acceptable): 4332 Live Oak Blvd Suite, Apt. #, etc. City: Palm Harbor FL Zip Code: 34685

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
CLEMENTS FAMILY CORPORATION	326 SOUTH HIGH STREET	COLUMBUS OH 43215	F97000006305

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-01/13/99--01035--015
****535.00 ****535.00

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 X Christine K Riley, President DATE X 12/20/98

Typed or Printed Name of General Partner Signing Form: Clements Family Corporation
Christine K. Riley, President Daytime Telephone Number: X727-785-0813

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