

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
99 APR 14 AM 8:10



1. Name of Limited Partnership

1a. DOCUMENT #
A98000002416

LEPRECHAUN RACING 1999, LTD.

Mailing Address

3705 N.W. 130TH AVENUE
OCALA FL 34482

Principal Office Address

3705 N.W. 130TH AVENUE
OCALA FL 34482

3. Date Formed or Registered

10/21/1998

5a. Capital Contributions as
Shown on record

\$500,000.00

3a. Date of Last Report

4. State or Country of Formation

FL

5b. Amount of Capital
Contributions in FL OR DA
to date

\$80,000.00

6. FEI Number

☒ 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

Suite, Apt. #, etc.

City & State

Zip Country

2a. Principal Office Address

Suite, Apt. #, etc.

City & State

Zip Country

9. Name and Address of Current Registered Agent

KATZ, B. PAUL ESQ.
1 FLORIDA PARK DRIVE SOUTH, ATRIUM SUITE
PALM COAST FL 32137

10. If changed, new Registered Agent/Office

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, etc.

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 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)

LEPRECHAUN MANAGEMENT, INC.

11a. Address of Each General Partner
(Do NOT Use Post Office Box Numbers)

3705 N.W. 130TH AVENUE

11b. City, State & Zip Code

OCALA FL 34482

11c. Registration/
Document Number

P97000077971

000002889245-1
04/14/99 - 01075-017
***2285.00 ***535.00

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

Typed or Printed Name of General Partner Signing Form

Michael Mulligan

Daytime Telephone Number

4.4.99
352.840.5469

CR2E003 (12/98)