FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND $500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT

1997

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 DEC 31 PM 2:09

1. Name of Limited Partnership

Florida Investments Limited Partnership

1a. DOCUMENT # B96000000356

Mailing Address / Principal Office Address
19500 Victor Parkway; Suite 275
Livonia, Michigan 48152

2. Mailing Address
James Giammarino
Suite, Apt. #, etc.
2402 Clark St
City & State
Apopka, FL
Zip 32703 Country USA

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

3. Date Formed or Registered
6-28-93

3a. Date of Last Report
N/A

4. State or Country of Formation
Michigan

5a. Capital Contributions as Shown on record
$ 88,000

5b. Amount of Capital Contributions in FLORIDA to date
$ 88,000

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)

9. Name and Address of Current Registered Agent
Robert J Gigrac
19500 Victor Parkway, Suite 275
Livonia, Michigan 48152

10. If changed, new Registered Agent/Office
Name: James Giammarino
Street Address (P.O. Box Number Is Not Acceptable): 2402 Clark St
Suite, Apt. #, etc.:
City: Apopka, FL **FL** Zip Code: 32703

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) James D Giammarino DATE 12/24/96

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
TLM6, Inc	19500 Victor Parkway Suite 275 Livonia, Michigan 48152		F96000004752

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****576.25 ****576.25

KWM

CR2E003 (6/96)

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)(x) 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 James D Giammarino Asst Secy of TLM6 DATE 12/24/96

Typed or Printed Name of General Partner Signing Form James Giammarino, Asst. Secretary Daytime Telephone Number 407-299-3727