

FILE ON OR BEFORE APRIL 9, 1997 TO AVOID REVOCATION
AND \$500 PENALTY FEE

FILED

97 APR -9 PM 12: 51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED PARTNERSHIP
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Bandra Morham
Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

1a. DOCUMENT #
B96000000384

TROPHY CLEANERS ORLANDO, LTD.

97-AR
CM



Mailing Address
P.O. BOX 1084
TYLER TX 75710

Principal Office Address
225 SOUTH COLLEGE
TYLER TX 75702

3. Date Formed or Registered
10/02/1996

5a. Capital Contributions as
Shown on record.
\$99,000.00

3a. Date of Last Report

5b. Amount of Capital
Contributions in FLORIDA
to date:

2. Mailing Address

2a. Principal Office Address

4. State or Country of Formation
TX

Suite, Apt. #, etc.

Suite, Apt. #, etc.

6. FEI Number
75-2636920

☐ Applied For
☐ Not Applicable

City & State

City & State

7. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

Zip

Country

Zip

Country

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

DICKINSON, ROBERT C III, PA
33920 US HIGHWAY 19 NORTH, SUITE 269
PALM HARBOR FL 34684

Name
William B. Taylor, IV
Street Address (P.O. Box Number is Not Acceptable)
400 N. Tampa Street
Suite, Apt. #, etc.
Suite 2300
City
Tampa, FL

Zip Code
FL 33602

10a. Pursuant to the provisions of sections 620.1051 and 620.1052, 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

March 31, 1997

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

FAIR MANAGEMENT, LC
d/b/a Fair Management,
LC

225 SOUTH COLLEGE

TYLER TX 75702

M96000000379

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CR2E003 (11/96)

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)(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

James W. Fair

DATE

4/3/97

Typed or Printed Name of General Partner Signing Form

JAMES W. FAIR

Daytime Telephone Number

903-692-8509