

**FILE ON OR BEFORE APRIL 8, 1998 TO AVOID  
REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP  
ANNUAL REPORT  
**1998**



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

98 MAR 18 PM 12:16



**1. Name of Limited Partnership** **1a. DOCUMENT #**  
**B97000000431**

**RINKS UNLIMITED, LP**

**Mailing Address** **Principal Office Address**  
2625 LACLEDE AVENUE C/O GARY D. LECLAIR // LECLAIR RYAN  
RICHMOND VA 23233 707 E. MAIN STREET, 11TH FLOOR  
RICHMOND VA 23219

**3. Date Formed or Registered**  
08/20/1997

**5a. Capital Contributions as Shown on record.**  
**\$99.00**

**3a. Date of Last Report**

**5b. Amount of Capital Contributions in FLORIDA to date:**  
**\$99.00**

**2. Mailing Address** **2a. Principal Office Address**

**4. State or Country of Formation**  
VA

Suite, Apt. #, etc.

**6. FEI Number**  
54-1860846  Applied For  Not Applicable

City & State

**7. Certificate of Status Desired**  \$8.75 Additional Fee Required

Zip Country

**8. Make check payable to: Dept. of State (See reverse side for fee information)**

**9. Name and Address of Current Registered Agent**  
~~ZAHN, CARL W  
1513 BOOTH DRIVE  
VALRICO FL 33594~~

**10. If changed, new Registered Agent/Office**  
Name: **ALLAN B. HARVIE JR.**  
Street Address (P.O. Box Number is Not Acceptable): **100 CYPRESS GARDENS BLVD.**  
Suite, Apt. #, etc.:  
City: **WINTER HAVEN** FL Zip Code: **33880**

**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) *[Signature]* Reg. Agent. DATE **3/17/98**

**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
HARVIE SPORTS COMPLEX - CHES	636 JOHNSTON - WILLIS	RICHMOND VA 23236	M97000000524
<b>400002464214--8</b> -03/20/98--01118--013 *****150.00 *****150.00 <i>dee (cus)</i>			

**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 *[Signature]* G.P. HARVIE SPORTS COMPLEX, CHES DATE **3/17/98**

Typed or Printed Name of General Partner, Signing Form **ALLAN B. HARVIE JR. G.P.** Daytime Telephone Number **804.360.1027**

CR2E003 (12/97)