

**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 CORPORATE AFFAIRS

99 JAN 15 PM 4:04
RECEIVED
FLORIDA

1. **1a. DOCUMENT #**
B98000000539

G2 Investments Limited Partnership

Principal Office Address

**2215 Valrico Forest Drive
Valrico, Florida 33594**

2. Mailing Address

2a. Principal Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

3. Date of receipt of report

8/27/98

3a. Date of last report

N/A

4. State or Country of Formation

Nevada

6. FEI Number

5a. Capital Contribution as
shown on Form

10,000.00

5b. Amount of Capital
Contribution as of 12/31/98
in the

0

☒ Applied For
☐ Not Applicable

7. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

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

9. Name and Address of Current Registered Agent

**Wayne Griffin
2215 Valrico Forest Dr.
Valrico, Florida 33594**

10. If changed, new Registered Agent/Office

Name

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

Suite, Apt. #, etc.

City

FL

Zip Code

10a. Pursuant to the provisions of Sections 620.10(1) and 620.19(2), 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 620.19(2), Florida Statutes.

(Signature of 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 Number)

11b. City, State & Zip Code

11c. Registered
Document Number

G2 Management, Inc.

**2215 Valrico Forest
Drive**

Valrico, FL 33594

E98000000047

*****12770548- - 4
-02/09/99-01120-020
*****00.00 *****150.00

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 verifiably furnished and does not qualify for the exemption stated in Section 119.07(3)(g), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(g) in the event that the information supplied is determined 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 effect as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee, or empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE

Executive Officer or General Partner Signing Form

Wayne Griffin

DATE

1/13/99

Daytime Telephone Number

813 685 9771

CR2E003 (5/98)