## FILE ON OR BEFORE APRIL 7, 1999 TO AVOID **REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP **ANNUAL REPORT** 1999



LPS DESIGN ASSOCIATES LEWIS COLTEN ARCHITECT, LP

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

**DOCUMENT #** 

## B98000000699

FILED SPCRETARY OF STATE DIVISION OF GURPORATIONS

99 HAR 30 PM 4: 43



Mailing Address				
19 BROADWAY 19 BROADWAY			3. Date Formed or Registered	<b>5a.</b> Capital Contributions as Shown on record <b>\$4,500.00</b>
			12/14/1998	
STONEHAM MA 02180	STONEHAM MA 02180		3a. Dale of Last Report	<b>V</b> 1100000
				5b. Amount of Capital Contributions in FLORIDA
2. Mailing Address	2a. Principal Office Address		4. State or Country of Formation	to dale
a. Maning Address	Za. Principal Office Address		MA	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		Applied For Not Applicable
City & State	City & State		7	
Zip Country	Country Zip Country		7. Certificate of Status Desired \$8.75 Additional Fee Required	
			8. Make check payable to Dept o	State (See reverse side for fee informat
Nome and Address of C	turrent Danistared Annat		10 Habaarad naw Rasislarad	Appril/Office
9. Name and Address of Current Registered Agent  DONALDSON, BARRY L  DONALDSON GROUP ARCHITECT  1450 SOUTH DIXIE HIGHWAY, SUITE 102  BOCA RATON FL 33432		10. If changed, new Registered Agent/Office		
		Street Address (P.O. Box Number Is Not Acceptable)		
		Street Address (P.O. Box Number is Not Acceptable)		
		Suite, Apt #, etc -84/07/9901003 B15 ****141, 25 ****141, 25		
		City Code Zip Code		
10a. Pursuant to the provisions of sections 620 10 for the purpose of changing its registered office	51 and 620.192, Florida Statules, the above-nar	med limited partnership		FL e State of Florida, submits this statemen
for the purpose of changing its registered office agent. I am familiar with, and accept the oblig	ce or registered agent, or both, in the State of Fk pations of section 620,192, Florida Statutes.	med limited partnership		FL   control of the statement of registered
for the purpose of changing its registered office agent. I am familiar with, and accept the oblig SIGNATURE (Registered Agent Accepting Appointment A GENERAL PARTNER TH	ce or registered agent, or both, in the State of Fi pations of section 620.192, Florida Statutes.	med limited partnership orida Such change wa	s authorized by its general partner(s) There  DATE  ARTNERSHIP OR OTH	FL   'or   or   or   or   or   or   or   o
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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 affects 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 \$20. Florida Statuteet

Louis A. Porcaro, AIA

DATE 3/3/99

Daylime Telephone Number 781-279-2016