FILED Apr 01, 1999 8:00 am Secretary of State

04-01-1999 90114 016 ***150.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1. Corporation	NIEN 1 # P95000 L PARTNERS, INC.)0206	92						
Principal Place	e of Business	Mailing	g Address						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
12734 KENWOO	D LANE	12734 1	KENWOOD LANE						
STE 35		STE 35					DO NOT WRITE IN	THIS SPACE	
FT. MYERS FL 33907 FT. MYERS FL 33907 US US					3. Date Incorporated or Qualifed				
US		03					03/14/1995		ļ
2 Delegies D	lana of Business	2a Ma	ailing Address		_		4. FEI Number		oplied For
2. Principal Place of Business		26				65-0586700	<u> </u>	ot Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			٠ .		\$8.75	Additional	
22		27				5. Certifcate of Status Desired	Fee R	equired	
City & State		City & State				6. Election Campaign Financing	\$5.00	May Be	
23		28				Trust Fund Contribution .	Added	to Fees	
Zip	Country	Zip Country				8. This corporation owes the current year Intangible Personal Property Tax. Yes No			
24	25	29		30	_		Personal Property Tax.	Yes	LINO
	9. Name and Address of Curre	nt Registere	ed Agent	81	т.	Name	10. Name and Address of New Regis	tered Agent	
	ROLL, JAMES P 14 KENWOOD LANE			82		•	ress (P.O. Box Number is Not Acceptable)	·	
SUIT				83	+				
	MYERS FL 33907			L	L				<u> </u>
				84	·	City		FL 85 Zip	Code
affine are	egistered agent, or both, in the State m familiar with, and accept the oblig	e of Florida. S ations of, Se	Such change was au ection 607.0505, Flori	ithorized by ida Statutes	, tn:	e corporau	poration submits this statement for the purp- ion's board of directors. I hereby accept the	appointment as re	egistered
12.	Signature, typed or printed name of registered ag OFFICERS A		`	13.	-	ignature require	ADDITIONS/CHANGES TO OFFICE		ORS IN 12
TITLE	PT		☐ DELETE	1.1 TITLE	_			☐ Change	Addition
NAME	CARROLL, JAMES P			1.2 NAME					
STREET ADDRESS	4819 SHERRY LANE			1.3 STREET		DORESS			
CITY-ST-ZIP	FT MYERS FL 33908			1,4 CITY- \$T-		ZIP			
TITLE	S		☐ DELETE	2.1 TITLE				☐ Change	☐ Addition
NAME	T		2.2 NAME						
STREET ADDRESS	4425 GRIFFIN 233		2.3 STREE	TAI	DDRESS	y = .			
CITY-ST-ZIP	FT MYERS FL 33908	_		2.4 CITY-S		ZIP			
TITLE			☐ DELETE	3.1 TITLÉ			_	Change	Addition
NAME				3.2 NAME			·		
STREET ADDRESS				3.3 STREET ADD		DDRESS			
CITY-ST-ZIP			·····	3.4. CITY-ST-ZIP		ZIP		= 2.01	T A Addition
TITLE			☐ DELETE	4.1 TITLE				☐ Change	☐ Addition
NAME				4.2 NAME					
STREET ADDRESS				4.3 STREE	TA	DDRESS			
CITY-ST-ZIP	l			4.4 CITY-ST-ZIP		ZIP			
	<u> </u>			F / **** -		1		☐ Change	Addition
TITLE			☐ DELETE	5.1 TITLE	~			☐ Change	Addition
NAME			☐ DELETE	5.2 NAME		.ndeess		Change	Addition
NAME STREET ADDRESS			☐ DELETE	5.2 NAME 5.3 STREE	ET A	1		☐ Change	Addition
NAME			☐ DELETE	5.2 NAME	ET A	1		☐ Change	

CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if chapter 607 or an articipant with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

941-278-5900