## F. LE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

FILED Muly FLORIDA DEPARTMENT OF STATE LIMITED PARTNERSHIP Sandra B. Mortham ANNUAL REPORT Secretary of State 1999 DIVISION OF CORPORATIONS 98 NOV -4 PM 3:58 **DOCUMENT#** 1. Name of Limited Partnership A17661 SECRETARY OF STATE TALLAHASSEE FLORIDA R.R.R., LIMITED 3. Date Formed or Registered 5a. Capital Contributions as Shown on record. Mailing Address Principal Office Address 08/14/1984 4073 SE FAIRWAY DR. EAST 4073 SE FAIRWAY DR. EAST \$0.00 3a. Date of Last Report STUART FL 34997 STUART FL 34997 **5b.** Amount of Capital Contributions in FLORIDA 10/01/1997 4. State or Country of Formation 2. Mailing Address 2a. Principal Office Address Suite, Apt. #, etc. Suite, Apt. #, etc. 6. FEI Number Applied For Not Applicable 31-1137003 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) 10. If changed, new Registered Agent/Office 9. Name and Address of Current Registered Agent Name ROBY, RICHARD W. Street Address (P.O. Box Number Is Not Acceptable) 4073 SE FAIRWAY DRIVE EAST Sulte, Apt. #, etc. STUART FL 34997 Zip Code FL 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)\_ DATE A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. 11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) Registration/ Document Number 11. 11b. City, State & Zip Code 11c. Name(s) of General Partner(s) ROBY, RICHARD W. 4073 SE FAIRWAY DRIVE STUART FL 100002681321--1 -11/05/\$8--01068--007 \*\*\*\*141.25 \*\*\*\*141.25

12. I do hereby certify that the information supplied with this filling 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. further certify that the information indicated on this annual report is true and accurate and that my standard shell have the same legal effects as if made under oath. I further certify that are a femeral Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter \$20/Floring SIGNATURE

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number