


**LIMITED PARTNERSHIP  
ANNUAL REPORT  
1999**



FILE  
SECRETARY  
DIVISION OF CC

99 FEB 15 21 01 15

|  |  |  |  |   |  |
|--|--|--|--|---|--|
| 1. Name of Limited Partnership                   |  | 1a. DOCUMENT #<br>A94000001249                   |  |  |  |
| RKCS LIMITED PARTNERSHIP                         |  |  |  |   |  |
| Mailing Address                                  |  | Principal Office Address                         |  | 3. Date Formed or Registered  |  |
| 3825 HENDERSON BLVD. SUITE 205<br>TAMPA FL 33629 |  | 3825 HENDERSON BLVD. SUITE 205<br>TAMPA FL 33629 |  | 09/12/1994  |  |
| 2. Mailing Address<br>3006 SWANN AVE             |  | 2a. Principal Office Address                     |  | 3a. Date of Last Report   |  |
|  |  |  |  | 01/12/1998  |  |
| Suite, Apt. #, etc.                              |  | Suite, Apt. #, etc.                              |  | 4. State or Country of Formation  |  |
| City & State<br>TAMPA, FL 33609                  |  | City & State                                     |  | FL  |  |
| Zip<br>33609                                     |  | Country<br>USA                                   |  | 6. FEI Number   |  |
|  |  |  |  | 59-3265486  |  |
|  |  |  |  | 7. Certificate of Status Desired  |  |
|  |  |  |  | <input type="checkbox"/> Applied For<br><input type="checkbox"/> Not Applicable     |  |
|  |  |  |  | 8. Make check payable to Dept. of State (See reverse side for fee information)      |  |

|   |  |   |                       |
|---|--|---|-----------------------|
| 9. Name and Address of Current Registered Agent   |  | 10. If changed, new Registered Agent/Office                                 |                       |
| STEWART, RANALD JR<br>3025 HENDERSON BLVD, SUITE 250<br>TAMPA FL 33629  |  | Name <b>STEWART, RANALD JR</b>  |                       |
|   |  | Street Address (P.O. Box Number Is Not Acceptable)<br><b>3006 SWANN AVE</b> |                       |
|   |  | Suite, Apt. #, etc.   |                       |
|   |  | City <b>TAMPA, FL</b>   | Zip Code <b>33609</b> |
| 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  |                       |

| <b>11.</b> | <b>Name(s) of General Partner(s)</b> | <b>11a.</b> | <b>Address of Each General Partner<br/>(Do NOT Use Post Office Box Numbers)</b> | <b>11b.</b> | <b>City, State &amp; Zip Code</b> | <b>11c.</b> | <b>Registration/<br/>Document Number</b>                                    |
|------------|--------------------------------------|-------------|---|-------------|-----------------------------------|-------------|---|
|            | STEWART, RANALD JR                   |             | 3825 HENDERSON BLVD,  |             | TAMPA FL 33629                    |             | STATE OF FLORIDA - 5,<br>-02/25/99 - 01/09/00 - 02/25/01<br>*****25 *****25 |

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.

Handwritten signature: *Handwritten signature*

DATE \_\_\_\_\_

MAY 4 95

Typed or Printed Name of General Partner Signing Form

RONALD STEWART JR

Daytime Telephone Number

813-354-8450

CR2E003 (8/98)