

**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 CORPORATIONS

FILED

98 DEC 15 PM 2:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



| | |
|--------------------------------|---------------------------------------|
| 1. Name of Limited Partnership | 1a. DOCUMENT # A96000000212 |
| ROLLER HOCKEY OF ORLANDO, LTD. | |

| | | | |
|---|--|--|---|
| Mailing Address 2295 CORPORATE BLVD., N.W., SUITE 222 BOCA RATON FL 33431 | Principal Office Address C/O AMERICAN INFORMATION SERVICES, INC. ONE S.E. THIRD AVENUE, 27TH FLOOR MIAMI FL 33131 | 3. Date Formed or Registered 01/30/1996 | 5a. Capital Contributions as Shown on record. \$100.00 |
| 2. Mailing Address | 2a. Principal Office Address | 3a. Date of Last Report 12/15/1997 | |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | 4. State or Country of Formation FL | 5b. Amount of Capital Contributions in FLORIDA to date: |
| City & State | City & State | 6. FEI Number 65-0636949 | |
| Zip | Country | 7. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | 8. Make check payable to: Dept. of State (See reverse side for fee information) |
| | | <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable | |

| | |
|---|---|
| 9. Name and Address of Current Registered Agent AMERICAN INFORMATION SERVICES, INC. ONE S.E. THIRD AVENUE, 27TH FLOOR MIAMI FL 33131 | 10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code |
|---|---|

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.**

| | | | |
|---|--|--|--|
| 11. Name(s) of General Partner(s) RHO, INC. | 11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 2295 CORPORATE BLVD., | 11b. City, State & Zip Code BOCA RATON FL 33431 | 11c. Registration/ Document Number P96000008774 |
| 100002721081--3 -12/23/98--01068--016 ***150.00 ***150.00 AL DEC 21 1998 | | | |

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 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.

SIGNATURE _____ DATE 12/1/98
 Typed or Printed Name of General Partner Signing Form Norpha Herreck Pres RHO Inc Daytime Telephone Number 561-241 9880

CR2E003 (8/98)