## FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP **ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

97 NOV - 7 PM 1: 57

1. Name of Limited Partnership	1a. DOCUMENT # <b>A9700001149</b>						
THE ROUBICEK FAMILY LIMI	TED PARTNERSHIP						<b>!!</b> !
Mailing Address	Principal Office Address		<u></u>	3. Date Formed or Registered	5a. Capital Contributions as Shown on record.		
1391 SALVADORE COURT MARCO ISLAND FL 34145	1391 SALVADORE COURT MARCO ISLAND FL 34145			05/21/1997 3a. Date of Last Report	\$1,000,000.00		
				4. State or Country of Formation	<b>5b.</b> Amou Contr to dat	int of Capital ibutions in FLORIDA	
2, Malling Address Po Sex 1268	28. Principal Office Address			FL			
Sulte, Apt. #, etc.	Suite, Apt. #, etc.  City & State			6. FEI Number	34 Applied For Not Applicable		
MARCO TS FL	Zip Country			7. Certificate of Status Desired	\$8.75 Additional Fee Required		
34146 USA		· · · · · · · · · · · · · · · · · · ·		8. Make check payable to: Dept. of	State (See rev	erse side for fee informa	lion)
9. Name and Address of Curr	rent Registered Agent			10. If changed, new Registered	d Agent/Office		
ROUBICEK, CARLOS	Name			100002344731—4 (P.O. Box Number Is Not Acceptable)1/12/97—01082—008 ****\$541.25 *****541.25			
1391 SALVADORE COURT	Street Addre		ess (P.O. B				
MARCO ISLAND FL 34145		Suite, Apt #, etc.					
		City		FL Zip Code			
10a. Pursuant to the provisions of sections 620 1051	1000 100 5: 11 0::						
agent. I am familiar with, and accept the obligat  SIGNATURE (Registered Agent Accepting Appointment)  A GENERAL PARTNER THA MU		, LIMITED	PART	<b>NERSHIP OR OTHE</b>		NESS ENTIT	Y
11. Name(s) of General Partner(s)	11a, Address of Each Ger		11b.	City, State & Zip Code	11c.	Registration/ Document Number	
DAMAR DEVELOPMENT, INC.	1391 SALVADORE COL	1391 SALVADORE COURT		MARCO ISLAND FL 34145		P97000011580	
							}
		j					
1				dee			
Note: General partners MAY NO	OT be changed on this fo	rm; an ame	endme	nt must be filed to cha	nge a ge	eneral partner	
12. do hereby certify that the information supplied will Corporations from any liability of non-compliance withis annual report is true and accurate and that my empowered to execute this report as required by one of the contract of the co	th this filing is voluntarily furnished and does with Section 119.07(3)(k) in the event that the estimature shall have the same legal effects	s not qualify for the e information supp	exemption lied is deen	stated in Section 119.07(3)(k), Florida ned exempt from public access. I furthe	Statutes. I release certify that the	ase the Division of ne information indicated	on
SIGNATURE		VICE.	PRES	DATE  Daylime Telephone Number	10/1/9	7	
Typed or Printed Name of General Partner Signing Form	CARIOS H.	Roubu	CEK	Daytime Telephone Number9	41 394	4217	