## 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

1. Name of Limited Partnership

1a. DOCUMENT # A14276 FILED

98 JAN 13 AM 9: 31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



ROBERTS ASSOCIATES, LT	D.	98-F	R M	T ARBODYL YARL HYBOL BURLU ARDEL	IDETIR ALTA BARIT ANDET PIRKA BARIT BARIT BARIT BARIT BARIT	
Mailing Address	Principal Office Address			3, Date Formed or Registered	58. Capital Contributions as Shown on record.	
TWO SEASIDE LANE. SUITE 202 BELLEAIR FL 34616	TWO SEASIDE LANE. SUITE 20: BELLEAIR FL 34616	2	-	04/05/1983 3a. Date of Last Report	\$83,874.99	
			-	11/07/1996	5b. Amount of Capital Contributions in FLORIDA to date:	
2. Malling Address	2a. Principal Office Address			4. State or Country of Formation	\$84,624.99	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		6. FEI Number	Applied For	
City & State	City & State	City & State		<b>59-2318673 7.</b> Certificate of Status Desired	Not Applicable  \$8.75 Additional	
Zip . Country	Zip 33756	Country		8. Make check payable to: Dept. o	Fee Required  1 State (See reverse side for fee Information)	
9. Name and Address of Current Registered Agent			10. If changed, new Registered Agent/Office			
g, Harris and Robinston C	arrent hoperator Apont	Name		I O i i changed, new riograteri	ad Agente on co	
ROBERTS, HARRY F. 200 PALMETTO RD. BELLEAIR FL 33516		Street Address (P.O. Box Number Is Not Acceptable) Two Seaside Lane, No. 202 Suite, Apt. #, etc.				
W		City	<del>-</del>		FL 33756	
10a. Pursuant to the provisions of sections 620.10 for the purpose of changing its registered off agent. I am familiar with, and accept the obliging sections of the control of the contro	lice or registered agent, or both, in the intending agentions of section 620.192, Fibrida Cartilla & Astronomy		nge was auth	norized by its general partner(s). I he	the State of Florida, submits this statement reby accept the appointment of registered	
A GENERAL PARTNER TH	IAT IS A CORPORATION, UST BE REGISTERED A				R BUSINESS ENTITY	
11. Name(s) of General Partner(s)	Address of Each Gen-	aral Partner	11b.	City, State & Zip Code	11c. Registration/ Document Number	
ROBERTS, HARRY F TRUSTEE	TWO SEASIDE LANE,	No. 202	BELL	EAIR FL 34616 33756		
		i		800002 -01/1: ****	23987987 3/9801090002 541.25 ****541.25	
#			l			
te: General partners MAY	NOT be changed on this for	m; an am	endmer	nt must be flied to ch	ange a general partner.	
12. I do hereby certify that the information supplied Corporations from any liability of non-compliance						

SIGNATURE Thry Thousand Signing Form Harry F. Roberts

Dayline Telephone Number 8/3 - 5969075

empowered to execute this report as required by chapter 620. Florida Statute

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 Parliner of the limited partnership, receiver or trustee