

**FILE ON OR BEFORE APRIL 8, 1998 TO AVOID
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

98 FEB 20 PM 12:16

1. Name of Limited Partnership	1a. DOCUMENT # A18202
R & R, LTD.	



Mailing Address 105 E. ROBINSON ST. SUITE 300 ORLANDO FL 32801	Principal Office Address 105 E. ROBINSON ST. SUITE 300 ORLANDO FL 32801	3. Date Formed or Registered 11/01/1984	5a. Capital Contributions as Shown on record. \$722,500.00
2. Mailing Address	2a. Principal Office Address	3a. Date of Last Report 01/09/1997	
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 59-2464434	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
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)	

9. Name and Address of Current Registered Agent JUAREZ, OSCAR F. 105 E. ROBINSON ST. SUITE 300 ORLANDO FL 32801	10. If changed, new Registered Agent/Office Name Robert P. Miller Street Address (P.O. Box Number is Not Acceptable) 105 East Robinson Street Suite, Apt. #, etc. Suite 300 City Orlando FL Zip Code 32801
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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) *[Signature]* DATE **2/11/98**

**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) MILLER, ROBERT P	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 105 E. ROBINSON STREE	11b. City, State & Zip Code ORLANDO FL 32801	11c. Registration/Document Number 400002446974--0 -03/04/98--01068--018 ***535.00 ***535.00 <i>[Signature]</i> 2-24
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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 *[Signature]* DATE **2/11/98**

Typed or Printed Name of General Partner Signing Form **Robert P. Miller** Daytime Telephone Number **407 843-0013**

CR2E003 (12/97)