HILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

FILED
SECRETARY OF STATE

1999	DIVISION OF C	ORPORATIONS	DIVISION OF C	ORPORATIONS
1. Name of Limited Partnership	1a. DOCUM A22949	IENT#	98 DEC 14	AM 10: 02
RODES ELLIS INDUSTRI	IAL PARTNERS, LTD.			
Mailing Address Principal Office Address H.J. UNDERILL III 490 NORTH HARBOR CITY BLVD. Principal Office Address H.J. UNDERILL III 490 NORTH HARBOR CITY BLVD.		``	3. Date Formed or Registered 07/22/1986 3a. Date of Last Report	5a. Capital Contributions as Shown on record.
MELBOURNE FL 32935 2. Mailing Address			12/31/1997 4. State or Country of Formation FL	5b. Amount of Capital Contributions in FLORIDA to date:
Suite, Apt. #, etc. City & State	Suite, Apt. #, etc. City & State			Applied For Not Applicable
Zip Country	Zip	Country	7. Certificate of Status Desired 8. Make check payable to: Dept. of S	\$8.75 Additional Fee Required State (See reverse side for fee information)
for the purpose of changing its register agent. I am familiar with, and accept th SIGNATURE (Registered Agent Accepting Appoi	THAT IS A CORPORATION, I	ida. Such change was	authorized by its general partner(s). I hereby DATE RTNERSHIP OR OTHE	accept the appointment of registered
11. Name(s) of General Partner(s)	MUST BE REGISTERED AN Address of Each General 11a. (Do NOT Use Post Office Bo			11c. Registration/
UNDERILL, H.J., III	2015 NORTH HWY. A1A		NDIALANTIC FL	Document Number
			200002 -12/24 ****2	721512E 79801008022 15.36 ****215.35
Note: General partners MA	NY NOT be changed on this form	n; an amendr	ment must be filed to cha	nge a general partner.
Corporations from any liability of non-com	pplied with this filing is voluntarily furnished and does not pliance with Section 119.07(3)(k) in the event that the ind that my signature shall have the same legal effects as uired by chapter 620, Florida Statutes.	formation supplied is de	eemed exempt from public access. I further inther certify that I am a General Partner of the	certify that the information indicated on
Typed or Printed Name of General Partner Signin	ng Form		DATE Daytime Telephone Number	