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

## LIMITED PARTNERSHIP ANNUAL REPORT 1999



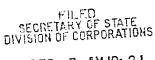
FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

**DOCUMENT#** A23024



98 DEC -7 AM 10: 31

| ROBINSON PROPERTY LTD.   |   |   |  |   |   |  |  |  |
|--|---|---|--|---|---|--|--|--|
| Mailing Address  | Principal Office Address                        | Principal Office Address % LAUREL HOMES, INC. |  |   | 5a. Capital Contributions as Shown on record.     |  |  |  |
| % LAUREL HOMES. INC.   | % LAUREL HOMES, INC.                            |   |  |   |   |  |  |  |
| PO BOX 300789. 150 OXFORD RD   | PO BOX 300789, 150 OXFORD RD                    |   | Ì  | 3a. Date of Last Report   | φεουνουνου  |  |  |  |
| FERN PARK FL 32730-0789 FERN PARK FL 32730-0789  |   |   |  | 11/21/1997  | 5b. Amount of Capital<br>Contributions in FLORIDA |  |  |  |
|  |   |   |  | 4. State or Country of Formation  | to date:  |  |  |  |
| 2. Mailing Address   | 2a. Principal Office Address                    |   |  | FL  |   |  |  |  |
| Suite, Apt. #, etc. Suite, Apt. #, etc.  |   |   |  | 6. FEI Number   | Applied For                                       |  |  |  |
| City & State   | City & State                                    |   |  | 59-1559654  | Not Applicable                                    |  |  |  |
| ony a diate  |   | 7. Certificate of Status Desired              |  | 7. Certificate of Status Desired  | \$8.75 Additional                                 |  |  |  |
| Zip Country  | Zip   | Zip Country                                   |  | Fee Required  8. Make check payable to: Dept. of State (See reverse side for fee information) |   |  |  |  |
|  | _   |   |  |   |   |  |  |  |
| 9. Name and Address of Current Registered Agent  |   |   |  | 10. If changed, new Registered Agent/Office   |   |  |  |  |
| ROBINSON, JOSEPH D. IV   |   | Name  |  |   |   |  |  |  |
| 150 OXFORD RD.   |   |   | Street Address (P.O. Box Number Is Not Acceptable) |   |   |  |  |  |
| FERN PARK FL 32730   |   |   | Sulte, Apt. #, etc.                                |   |   |  |  |  |
|  |   |   | City Zip Code;/// / /_                             |   |   |  |  |  |
|  |   |   | FL FL  |   |   |  |  |  |
| 10a. Pursuant to the provisions of sections 620.1051 an for the purpose of changing its registered office or agent. I am familiar with, and accept the obligation:  SIGNATURE (Registered Agent Accepting Appointment) | registered agent, or both, in the State of Flor |   |  |   |   |  |  |  |
| A GENERAL PARTNER THAT   | IS A CORPORATION,                               | LIMITED                                       | PART   | NERSHIP OR OTHE   | R BUSINESS ENTITY                                 |  |  |  |
| MUS  | <u>T BE REGISTERED AN</u>                       | ID ACTIV                                      | VE WIT   | H THIS OFFICE.  |   |  |  |  |
| 11. Name(s) of General Partner(s)  | Address of Each Gener                           | al Partner<br>lox Numbers)                    | 11b.   | City, State & Zip Code  | 11c. Registration/<br>Document Number             |  |  |  |
| ROBINSON, PETER G.   | 3201 CARDINAL DR.                               |   | VER  | O BEACH FL 32960  |   |  |  |  |
| ROBINSON, JOSEPH D., IV  | 150 OXFORD RD., STE.                            | 150 OXFORD RD., STE.                          |  | N PARK FL 32730   |   |  |  |  |

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner. 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 Pertner of the limited partnership, receiver or trusted

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|---|----|---|----|---|----|---|
|---|----|---|----|---|----|---|

Typed or Printed Name of General Partner

ROBINSON, LAURA CARROLL

Joseph D. Robinson,

2300 BARBADOS DRIVE

DATE Dec.

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WINTER PARK FL 32792