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 DEC 30 PM 12:24

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1/12

1. Name of Limited Partnership

1a. DOCUMENT # A23592

ROBERT E. WOOLLEY LANDVEST - TAMPA, INTERSTATE 4, A FLORIDA LIMITED PARTNERSHIP

Mailing Address	Principal Office Address
~~8875~~ PO Box 1678 ~~8875 HIDDEN RIVER PARKWAY~~ ~~SUITE 800~~ Dover, FL 33527 ~~TAMPA FL 33637~~	8181 Eagle Palm Drive ~~8875 HIDDEN RIVER PARKWAY~~ ~~SUITE 800~~ Riverview, FL 33569 ~~TAMPA FL 33637~~

3. Date Formed or Registered: 11/14/1986

3a. Date of Last Report: 01/02/1997

4. State or Country of Formation: FL

5a. Capital Contributions as Shown on record: $1,785,000.00

5b. Amount of Capital Contributions in FLORIDA to date:

2. Mailing Address	**2a.** Principal Office Address
PO Box 1678	8181 Eagle Palm Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Dover, FL	City & State: Riverview, FL
Zip: 33527 Country: USA	Zip: 33569 Country: USA

6. FEI Number: 33-0197677 ☐ Applied For ☐ Not Applicable

7. Certificate of Status Desired ☒ **$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	**10.** If changed, new Registered Agent/Office
GRASSER, PAUL R ~~8875 HIDDEN RIVER PARKWAY~~ ~~SUITE 800~~ ~~TAMPA FL 33637~~	Name Street Address (P.O. Box Number Is Not Acceptable): 8181 Eagle Palm Dr Suite, Apt. #, etc. City: Riverview FL Zip Code: 33569

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 ~~a majority of the general partners~~ registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

--01/13/98--01004--001
****550.00 ****550.00

SIGNATURE (Registered Agent Accepting Appointment) DATE

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)	**11a.** Address of Each General Partner (Do NOT Use Post Office Box Numbers)	**11b.** City, State & Zip Code	**11c.** Registration/ Document Number
WOOLLEY, ROBERT	~~5215 N. O'CONNOR #182~~ 3210 BELTLINE RD #140	~~IRVING TX~~ DALLAS, TX 75234	
DAVIS, ROBERT J	~~8603 E. ROYAL PALM RD~~ 2220 S. Country Club Dr #105	~~SCOTTSDALE AZ~~ MESA, AZ 85201-6808	
GRASSER, PAUL R	~~8875 HIDDEN RIVER PAR~~ 8181 Eagle Palm Dr	~~TAMPA FL 33637~~ Riverview, FL 33569	

CR2E003 (6/97)

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 12-24-97

Typed or Printed Name of General Partner Signing Form: PAUL R. GRASSER Daytime Telephone Number: 813-672-3600