

FILE ON OR BEFORE APRIL 7, 1999 TO AVOID  
REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

99 MAR -4 PM 3: 36



1. Name of Limited Partnership

1a. DOCUMENT #  
A23592

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

Mailing Address

P.O. BOX 1678  
DOVER FL 33527

Principal Office Address

8181 EAGLE PALM DRIVE  
RIVERVIEW FL 33569

3. Date Formed or Registered

11/14/1986

5a. Capital Contributions as  
Shown on record

\$1,785,000.00

3a. Date of Last Report

12/30/1997

5b. Amount of Capital  
Contributions in FLORIDA  
to date

4. State or Country of Formation

FL

2. Mailing Address

2a. Principal Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

6. FEI Number

33-0197677

☐ Applied For  
☒ Not Applicable

City & State

City & State

7. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

Zip

Country

Zip

Country

8. Make check payable to: Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent

GRASSER, PAUL R  
8181 EAGLE PALM DR  
RIVERVIEW FL 33569

10. If changed, new Registered Agent/Office

Name

Street Address (P.O. Box Number Is Not Acceptable)

Suite, Apt. #, etc.

City

FL

Zip Code

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)

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

3210 BELTLINE RD #140

DALLAS TX

DAVIS, ROBERT J

2220 S. COUNTRY CLUB

MESA AZ

GRASSER, PAUL R

8181 EAGLE PALM DR

RIVERVIEW FL

00002803256-3  
-03/11/99-01120-008  
\*\*\*\*526.55 \*\*\*\*526.55

SL  
3-10-99

**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

DATE

3-2-99

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

CR2E003 (12/98)