

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. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

98 MAR 10 PM 1:26

1. Name of Limited Partnership

1a. DOCUMENT #  
A27410

THOMPSON CENTER ADAMO LIMITED PARTNERSHIP

Mailing Address

6302 BENJAMIN ROAD  
SUITE 400  
TAMPA FL 33634

Principal Office Address

6302 BENJAMIN ROAD  
SUITE 400  
TAMPA FL 33634

2. Mailing Address

2a. Principal Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

3. Date Formed or Registered

11/18/1988

3a. Date of Last Report

12/27/1996

4. State or Country of Formation

FL

5a. Capital Contributions as  
Shown on record.

\$2,000,000.00

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

6. FEI Number

59-2919120

☐ 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

THOMPSON, DONALD C.  
THOMPSON-RUBIN ASSOCIATES  
6302 BENJAMIN ROAD, SUITE 400  
TAMPA FL 33634

10. If changed, new Registered Agent/Office

Name

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

Suite, Apt. #, etc.

City

Thompson, Donald C.

6302 Benjamin Road, Suite 400

Tampa

FL

Zip Code  
33634

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

THOMPSON-RUBIN ASSOCIATE

D.C. Thompson, Ltd.

6302 BENJAMIN ROAD

TAMPA FL

600002451886--6

600002451886--6

-03/10/98--01034--005

\*\*\*\*\*550.00 \*\*\*\*\*497.50

600002451886--6

-03/10/98--01034--006

\*\*\*\*\*37.50 \*\*\*\*\*37.50

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

SEE SIGNATURE PAGE ATTACHED

DATE

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

(813) 884-6161

CR2E003 (6/97)