

**FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

**LIMITED PARTNERSHIP
ANNUAL REPORT
1997**



FLORIDA DEPARTMENT OF STATE
Sandra Mortham
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 DEC 18 AM 11:08

1. Name of Limited Partnership

1a. DOCUMENT #
A27624

FLETCHER/ROME PROPERTIES, LTD.



Mailing Address

**850 STEPHENSON HWY. #200
TROY MI 48063**

Principal Office Address

**850 STEPHENSON HWY. #200
TROY MI 48063**

3. Date Formed or Registered

12/23/1988

5a. Capital Contributions as
Shown on record

\$600.00

3a. Date of Last Report

04/16/1996

5b. Amount of Capital
Contributions in FLORIDA
to date

500.00

4. State or Country of Formation

FL

6. FEI Number

38-2864841

☐ 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

**TROCKE, MICHAEL T
BARNETT PLAZA, SUITE 2800
101 E. KENNEDY BLVD.
TAMPA FL 33602**

MC 12/24

10. If changed, new Registered Agent/Office

Name

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

Suite, Apt. #, etc.

Suite #2800

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

DAMONE/ANDREW INVEST. CO

850 STEPHENSON HWY.,#

TROY MI 48063

P01718

DAMONE, MICHAEL G

850 STEPHENSON HWY.,#

TROY MI 48063

ANDREW, DANIEL R

850 STEPHENSON HWY.,#

TROY MI 48063

DAMONE/ANDREW OF FLORIDA, IN

850 STEPHENSON HWY.,

TROY MI 48063

**300002040199--4
-12/27/96--01135--005
****191.25 ****191.25**

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 10, Florida Statutes.

SIGNATURE

Michael G. Damone
MICHAEL G. DAMONE
General Partner

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

CR2E003 (6/96)