

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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

99 JAN -5 PM 4: 32

1. Name of Limited Partnership  
**FLETCHER/ROME PROPERTIES, LTD.**

1a. DOCUMENT #  
**A27624**



01/21

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
2. Mailing Address		2a. Principal Office Address		3a. Date of Last Report 01/05/1998	5b. Amount of Capital Contributions in FLORIDA to date: 500.00
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. State or Country of Formation FL	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
City & State		City & State		6. FEI Number 38-2864841	
Zip		Zip		7. Certificate of Status Desired <input type="checkbox"/> \$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	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code
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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., #200	TROY MI 48063	P01718
DAMONE, MICHAEL G	850 STEPHENSON HWY., #200	TROY MI 48063	
ANDREW, DANIEL R	850 STEPHENSON HWY., #200	TROY MI 48063	
DAMONE/ANDREW OF FLORIDA, IN	850 STEPHENSON HWY., #200	TROY MI 48063	G67965

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-01/22/99-01116-006  
\*\*\*141.25 \*\*\*141.25

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 620, Florida Statutes.

SIGNATURE X

*Michael G. Damone*

MICHAEL G. DAMONE  
General Partner

DATE X

12/22/98

Typed or Printed Name of General Partner Signing Form X

Daytime Telephone Number X

248-533-11020

CR2E003 (8/98)