## FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIF ANNUAL REPORT 1999
Name of Limited Partnership



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

1999		Secretary of DIVISION OF CO		NS	00 000		
		_ <del></del>			98 DEC 30	PM 2: 46	
1. Name of Limited Partnership	<sup>1a.</sup> A317	1a. DOCUMENT # A31762			SECRETARY OF STATE TALLAHASSEE, FLORIDA		
NEWBERRY CROSSING, LTD	).						
Mailing Address	Principal Office Add	dress			3. Date Formed or Registered	5a. Capital Contributions as Shown on record.	٦
% RMC REALTY COMPANIES, LTD. 1733 W, FLETCHER AVE					07/17/1991 3a. Date of Last Report	\$2,434,429.00	
TAMPA FL 33612					12/18/1997	5b. Amount of Capital Contributions in FLORIDA	1
2. Mailing Address	2a. Principal O 1733 Wそ	2a. Principal Office Address 1733 WRST Fletcher QVe.			4. State or Country of Formation	to date:	
Suite, Apt. #, etc.	Suite, Apt. #, etc.				6. FEI Number 59-3080389	Applied For Not Applicable	7
City & State	City & State Tampa,		412		7. Certificate of Status Desired	\$8.75 Additional	$\dashv$
Zlp Country	Zīp		Country		8. Make check payable to: Dept. of	Fee Required State (See reverse side for fee information)	
							4
9. Name and Address of Curr	ent Registered Agent	-	Name		10. If changed, new Registered	Agent/Office	-
WALTERS, CLIFFORD L		<u>:::-</u> -	Name				ł
802 11TH STREET WEST		-~	Street Addre	ess (P.O. Bo	x Number Is Not Acceptable)		7
BRADENTON FL 34205 Suite, Apt. #, etc.			f, etc.	1		-	
DRADENION I E 04203							_]
			City		, ,	FL Zip Code	
10a. Pursuant to the provisions of sections 620.1051 for the purpose of changing its registered office agent. I am familiar with, and accept the obligation	or registered agent, or both,	in the State of Florida	limited partne a. Such chang	irship organi je was autho	ized or registered under the laws of the prized by its general partner(s). I hereby	State of Florida, submits this statement y accept the appointment of registered	
SIGNATURE (Registered Agent Accepting Appointment)			<del></del>	<del></del> -	DATE		4
A GENERAL PARTNER THA MU	ST BE REGIST	<b>ERED AND</b>	ACTIV	PART E WIT	NERSHIP OR OTHE H THIS OFFICE.	R BUSINESS ENTITY	
11. Name(s) of General Partner(s)		ess of Each General Use Post Office Box		11b.	City, State & Zip Code	11c. Registration/ Document Number	_
RJ EQUITIES, INC.	880 CARILI	880 CARILLON PARKWAY			PETERSBURG FL 997 33733	J11316	R2E003 (8/98)
CPS CONTRACT PROPERTY SERVIC		1733 W. Fletcher ave.			IPA FL 33612	P95000031186	R2E00
	,,,55	( ) Cife!			-01/21	7498036 7498036 78901072006 26.25 ****526.25	O
			3		*************************************	20.23 ****320.23	
Note: General partners MAY NO	)T be changed o	on this form	; an ame	endme	nt must be filed to cha	ange a general partner.	]
<ol> <li>I do hereby certify that the Information supplied with Corporations from any liability of non-compliance withis annual report is true and accurate and that my empowered to execute this report as required by one</li> </ol>	with Section 119.07(3)(k) in thy signature shall have the sar	he event that the info me legal effects as if	rmation suppli	ied is deeme	ed exempt from public access. I further	certify that the information indicated on	
SIGNATURE	m Adia	ul			DATE	2-28-98	
Typed or Printed Name of General Partner Signing Form	Juzanne	e C. Ri	ce		Davtime Telephone Number	713-960-8154	