

**FILE ON OR BEFORE APRIL 8, 1998 TO AVOID  
REVOCATION AND \$500 PENALTY FEE**

**LIMITED PARTNERSHIP  
ANNUAL REPORT  
1998**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

98 APR 10 PM 12:26



1. Name of Limited Partnership	1a. DOCUMENT # <b>A32242</b>
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**SECOND CUMBERLAND AVENUE PARTNERS, LTD.**

Mailing Address <b>% H. DEAN ROWE 100 EAST MADISON STREET, SUITE 200 TAMPA FL 33602</b>		Principal Office Address <b>% H. DEAN ROWE 100 EAST MADISON STREET, SUITE 200 TAMPA FL 33602</b>		3. Date Formed or Registered <b>11/13/1991</b>	5a. Capital Contributions as Shown on record.  <b>\$164,765.00</b>
2. Mailing Address		2a. Principal Office Address		3a. Date of Last Report <b>04/11/1997</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. State or Country of Formation <b>FL</b>	5b. Amount of Capital Contributions in FLORIDA to date. <b>164765.00</b>
City & State		City & State		6. FEI Number <b>59-3095118</b>	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
Zip		Zip		7. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
Country		Country		8. Make check payable to: Dept. of State (See reverse side for fee information)	

9. Name and Address of Current Registered Agent  <b>ROWE, H. DEAN 100 MADISON STREET, SUITE 200 TAMPA FL 33602</b>	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City <b>FL</b> 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)  <b>ROWE INVESTMENTS, INC.</b>	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)  <b>100 MADISON STREET #2</b>	11b. City, State & Zip Code  <b>TAMPA FL</b>	11c. Registration/Document Number  <b>M75464</b>
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-04/16/98-01/04-014  
\*\*\*\*526.25 \*\*\*\*526.25

*[Handwritten Signature]*

**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 *[Handwritten Signature]* DATE **4.7.98**

Typed or Printed Name of General Partner Signing Form **Eric Rowe Rowe Investments** **813 221 8771**

CP2E003 (12/97)