

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. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

97 DEC -1 AM 11:00

1. Name of Limited Partnership

1a. DOCUMENT #  
A33282

MILLHOPPER STATION, LTD.



Mailing Address

4121 NW 37TH PLACE  
SUITE A  
GAINESVILLE FL 32606-6179

Principal Office Address

4121 NW 37TH PLACE  
SUITE A  
GAINESVILLE FL 32606-6179

3. Date Formed or Registered

08/07/1992

5a. Capital Contributions as  
Shown on record

\$1,000.00

3a. Date of Last Report

12/11/1996

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

4. State or Country of Formation

FL

2. Mailing Address

5800 NW 39th Ave

Suite, Apt. #, etc.

Suite 101

City & State

Gainesville, FL

Zip Country

32606-5865 USA

2a. Principal Office Address

5800 NW 39th Ave

Suite, Apt. #, etc.

Suite 101

City & State

Gainesville, FL

Zip Country

32606-5865 USA

6. FEI Number

59-3137006

☐ 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

ROBINSON, THOMAS A.

4121 NW 37TH PLACE

SUITE A

GAINESVILLE FL 32606-6179

10. If changed, new Registered Agent/Off-ice

Name

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

5800 NW 39th Ave

Suite, Apt. #, etc.

Suite 101

City

Gainesville

FL

Zip Code

32606-5865

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, to 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 620.193, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

DATE 11-21-97

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)

ROBINSON, THOMAS A.

SHORE, FREDRIC R.

11a. Address of Each General Partner  
(Do NOT Use Post Office Box Numbers)

4121 NW 37TH PLACE, S

4121 NW 37TH PL, S-A

5800 NW 39th Ave.  
Suite 101

11b. City, State & Zip Code

GAINESVILLE FL 32606-5865

GAINESVILLE FL 32607 32606-5865

11c. Registration/  
Document Number

200002368762--5  
-12/10/97--01110--020

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

DATE 11-21-97

Typed or Printed Name of General Partner Signing Form

Thomas A. Robinson

Daytime Telephone Number

352-371-1992

CR2E003 (6/97)