

**FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

FILED

98 APR -2 AM 8:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



LIMITED PARTNERSHIP  
ANNUAL REPORT  
1998

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

1. Name of Limited Partnership

1a. DOCUMENT #  
**A93000000538**

2116 ST. ISABEL LIMITED PARTNERSHIP

98-AR  
EM



Mailing Address

2116 ST ISABEL  
TAMPA FL 33607

Principal Office Address

2116 ST ISABEL  
TAMPA FL 33607

3. Date Formed or Registered

05/03/1993

5a. Capital Contributions as Shown on record

\$14,150.00

3a. Date of Last Report

04/07/1997

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

2. Mailing Address

1725 W. Dr. M.L. King, Jr. Blvd  
Suite, Apt. #, etc.  
Tampa, FL  
City & State  
33607 Hillsborough  
Zip Country

2a. Principal Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. State or Country of Formation

FL

6. FEI Number

59-3193746

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

FINANCIAL ANALYSIS AND REPORTS, INC.  
% BRAD A. GALLO, PRESIDENT  
2116 ST ISABEL  
TAMPA FL 33607

10. If changed, new Registered Agent/Office

Name

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

Suite, Apt. #, etc.

City

1725 W. Dr. M.L. King Jr. Blvd.

FL

Zip Code  
33607

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

FINANCIAL ANALYSIS AND REPOR

2116 ST ISABEL

TAMPA FL

S45452

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-04/07/88--01059--010  
\*\*\*\*\*156.25 \*\*\*\*\*156.25

000002481220--8  
-04/07/88--01059--011  
\*\*\*\*\*31.55 \*\*\*\*\*31.55

CR2E003 (6/97)

**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

Brad A Gallo, Pres

FINANCIAL ANALYSIS & REPORTS, INC.  
GENERAL PARTNER

DATE

12/31/97

Typed or Printed Name of General Partner Signing Form

GENERAL PARTNER

Daytime Telephone Number

813-870-0811