
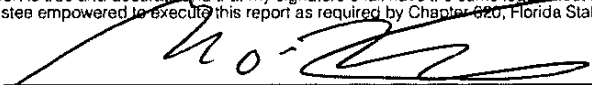


**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2007**

**FILED**  
**Mar 14, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A93000000711</b> 1. Entity Name <b>ROBASOTA REAL ESTATE, LTD.</b>					
Principal Place of Business <b>P.O. BOX 35246</b> <b>SARASOTA, FL 34242</b>			Mailing Address <b>P.O. BOX 35246</b> <b>SARASOTA, FL 34242</b>		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>65-0423062</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>HESTER, GORDON</b> <b>5379 OCEAN BLVD.</b> <b>SARASOTA, FL 34242</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.				DATE	
<b>FILE NOW!!! FEE IS \$500.00</b> <b>After May 1, 2007, Fee will be \$900.00</b>					
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
<b>12. GENERAL PARTNER INFORMATION</b>			<b>13. ADDRESS CHANGES ONLY</b>		
DOCUMENT #	L93000000214		STREET ADDRESS		
NAME	TAMIAMI MANAGEMENT, L.C.		CITY-ST-ZIP		
STREET ADDRESS	5379 OCEAN BLVD.		CITY-ST-ZIP		
CITY-ST-ZIP	SARASOTA, FL 34242		CITY-ST-ZIP		
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS			CITY-ST-ZIP		
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NAME			CITY-ST-ZIP		
STREET ADDRESS			CITY-ST-ZIP		
CITY-ST-ZIP			CITY-ST-ZIP		
14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 149, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes					
<b>SIGNATURE:</b> 			<b>3-11-07</b>		<b>941-346-7300</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date		Daytime Phone #

STAPLE CHECK HERE



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