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

LIMITED PARTNERSHIP ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

DOCUMENT#

98 DEC - 1 AM 10: 04

·	A9300000712					12/2	
ROBASOTA ASSETS, LTD.							
Mailing Address	Principal Office Address			3. Date Formed or Registered	5a. Capital Contributions as Shown on record.		
P.O. BOX 35246 SARASOTA FL 34242	P.O. BOX 35246 SARASOTA FL 34242			07/08/1993 3a. Date of Last Report	\$600,000.00		
2. Mailing Address	2a. Principal Office Address			10/02/1997 4. State or Country of Formation	5b. Amount of Capital Contributions in FLORIDA to date:		
Suite, Apt. #, etc.	Suite, Apt. #, etc.			FL 6. FEI Number	Applied For		
City & State	City & State	City & State		65-0423073 7. Certificate of Status Desired	Not Applicable \$8.75 Additional		
Zip Country	Zip Country			8. Make check payable to: Dept. of State (See reverse side for fee information)			
9_ Name and Address of Current Registered Agent				10. If changed, new Registered Agent/Office			
HESTER, GORDON 3233 N. SECLUSION DRIVE SARASOTA FL 34239		Name Street Address (P.O. Box Number is Not Acceptable)					
		Suite, Apt. #, etc. 300027028031 -12/04/99-01803-036 *****\$26 FI 5 *****526.25					
10a. Pursuant to the provisions of sections 620.1051 and 6 for the purpose of changing its registered office or regagent. I am familiar with, and accept the obligations of	istered agent, or both, in the State of Florid	d limited partne da. Such chang	ership organi ge was autho	zed or registered under the laws of the rized by its general partner(s). I hereby	State of Florid accept the ap	la, submits this statement specintment of registered	
SIGNATURE (Registered Agent Accepting Appointment)				DATE			
A GENERAL PARTNER THAT I MUST	S A CORPORATION, L BE REGISTERED AN	IMITED D ACTIV	PART E WIT	NERSHIP OR OTHEI H THIS OFFICE.	R BUSI	NESS ENTITY	
11. Name(s) of General Partner(s)	11a. Address of Each Genera (Do NOT Use Post Office Bo	l Partner x Numbers)	11b.	City, State & Zip Code	11c.	Registration/ Document Number	
TAMIAMI MANAGEMENT, L.C.	7650 S. TAMIAMI TRAIL		SARASOTA FL 34231		L93000000214		
*							
Note: General partners MAY NOT	oe changed on this form	n; an ame	endmer	nt must be filed to cha	nge a g	eneral partner.	
12. I do hereby certify that the information supplied with this Corporations from any liability of non-compliance with St this annual report is true and accurate and that my signa empowered to execute this report as required by chapter	ection 119.07(3)(k) in the event that the infi ture shall have the same legal effects as it	ormation suppli	ied is deeme	d exempt from public access. I further of certify that I am a General Partner of th	ertify that the e limited part	information indicated on	
SIGNATURE / / /	y July	<i></i>		DATE	121/9	78	
Typed or Printed Name of General Partner Signing Form	porden D. Hes:	44		Daytime Telephone Number		İ	