

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. Myrtham Secretary of State DIVISION OF CORPORATIONS
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1. Name of Limited Partnership

1a. DOCUMENT #
A93000001297

TAMPA ASSET MANAGEMENT PARTNERSHIP LIMITED

Mailing Address

2116 ST ISABEL
TAMPA FL 33607

Principal Office Address

2116 ST ISABEL
TAMPA FL 33607

98-APR

3. Date Formed or Registered

12/02/1993

3a. Date of Last Report

04/07/1997

5a. Capital Contributions as Shown on record.

\$980.00

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

59-3213361

☐ 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
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

Tampa

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

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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

FINANCIAL ANALYSIS & REPORTS, INC.
GENERAL PARTNER

Daytime Telephone Number

813-870-0811

CR2E003 (6/97)