

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 15 PM 12:55

mtu
12/16



1. Name of Limited Partnership
RFR HAMILTON POINTE, LTD.

1a. DOCUMENT #
A94000001129

Mailing Address
~~POST OFFICE BOX 4910 - CLEARWATER FL 34618~~

Principal Office Address
~~26750 US HWY. 19 NORTH - CLEARWATER FL 34621~~

3. Date Formed or Registered
08/19/1994

3a. Date of Last Report
12/20/1996

4. State or Country of Formation
FL

5a. Capital Contributions as Shown on record.
\$1,600,500.00

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

6. FEI Number
65-0512642 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)

2. Mailing Address
4102 B QUIXOTE BLVD

2a. Principal Office Address
609 GOLDEN RAIN TREE PL

City & State
TAMPA FL

City & State
BRANDON FL

Zip Country
33613 HILLSBOROUGH

Zip Country
33510 HILLSBOROUGH

9. Name and Address of Current Registered Agent

SALVATORI, LEO J
4501 NORTH TAMiami TRAIL, SUITE 300
NAPLES FL 33940

10. If changed, new Registered Agent/Office

Name

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

Suite, Apt. #, etc.

City **FL** Zip Code

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
REED, ROBERT M II	26750 US HWY. 19 NORT	CLEARWATER FL 34618	800002374449--4 -12/17/97--01034--001 ****541.25 ****541.25

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 **12/8/97**

Typed or Printed Name of General Partner Signing Form **ROBERT M. REED II** Daytime Telephone Number **(813) 971-3004**

CR2E003 (6/97)