

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. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 DEC -8 PM 4: 08

1. Name of Limited Partnership

1a. DOCUMENT #
A94000001394

LAROSA FAMILY LIMITED PARTNERSHIP



Mailing Address

LAKE ORIOLE RANCH
8481 CROOM RITAL RD.
BROOKSVILLE FL 34602

Principal Office Address

LAKE ORIOLE RANCH
8481 CROOM RITAL RD.
BROOKSVILLE FL 34602

3. Date Formed or Registered

10/13/1994

5a. Capital Contributions as Shown on record.

\$100.00

3a. Date of Last Report

10/14/1996

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

4. State or Country of Formation

FL

2. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

2a. Principal Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. FEI Number

59-3275350

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

GASSMAN, ALAN S
8481 CROOM RITAL RD.
BROOKSVILLE FL 34602

10. If changed, new Registered Agent/Office

Name

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

Suite, Apt. #, etc.

City

400002370864-3
-12/12/97-01078-003
***156.25 ***156.25
FL

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)

LAKE ORIOLE RANCH, INC.

11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)

8481 CROOM RITAL RD.

11b. City, State & Zip Code

BROOKSVILLE FL 34602

11c. Registration/ Document Number

P8400006521
P9400006521

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12-10

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

W. R. La Rosa M.D.

DATE

11-5-97

Typed or Printed Name of General Partner Signing Form

W. R. La Rosa M.D.

Daytime Telephone Number

352-799-5202

CR2E003 (6/97)