

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. Martham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

1a. DOCUMENT #  
**A95000001015**

97 SEP 22 PM 12: 49

**PEDRERO FAMILY LIMITED PARTNERSHIP**

Mailing Address  3727 MONARCH DRIVE TAMPA FL 33618	Principal Office Address  3727 MONARCH DRIVE TAMPA FL 33618	3. Date Formed or Registered  <b>06/29/1995</b>	5a. Capital Contributions as Shown on record  <b>\$12,857.64</b>
2. Mailing Address  Suite, Apt. #, etc.  City & State	2a. Principal Office Address  Suite, Apt. #, etc.  City & State	3a. Date of Last Report  <b>12/11/1996</b>	5b. Amount of Capital Contributions in FLORIDA to date:  <b>12,857.64</b>
Zip  Country	Zip  Country	4. State or Country of Formation  <b>FL</b>	6. FEI Number  <b>59-3313983</b>
		7. Certificate of Status Desired  <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required  <input type="checkbox"/>
		8. Make check payable to: Dept. of State (See reverse side for fee information)	

9. Name and Address of Current Registered Agent

PEDRERO, ARTURO F  
3727 MONARCH DRIVE  
TAMPA FL 33618

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)  <b>PEDRERO, ARTURO F</b>	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)  <b>3727 MONARCH DRIVE</b>	11b. City, State & Zip Code  <b>TAMPA FL 33618</b>	11c. Registration/ Document Number  <b>900002305319--3 -09/26/97-01115--004 ****103.75 ****103.75</b>
			<b>900002305319--3 -09/26/97-01115--005 ****90.00 ****90.00</b>

**KWM**

**Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.**

12. I 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

**09/04/97**