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

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LIMITED PARTNERSHIP
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

1a DOCUMENT # A9500001015

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PEDRERO FAMILY LIMITED PARTNERSHIP

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Mailing Address 3727 MONARCH DRIVE TAMPA FL 33618 2. Mailing Address Suite, Apt. #, etc.	Principal Office Address 3727 MONARCH DRIVE TAMPA FL 33618 28. Principal Office Address Suite, Apt. #, etc.	3. Date Formed or Registered 06/29/1995 38. Date of Last Report 09/22/1997 4. State or Country of Formation FL 6. FEI Number 59-3313983	5a. Capital Contributions as Shown or record. \$12,857.64 5b. Amount of Capital Contributions in FLORIDA to date. /// 857.4.4 Li Applied For Not Applicable	
City & State	City & State	7. Certificate of Status Desired		
Zip Country	Zip Country		\$8.75 Additional Fee Required State (See reverse side for fee information)	
9. Name and Address of	Current Registered Agent	10. If changed, new Registere	ad Agent/Office	
PEDRERO, ARTURO F 3727 MONARCH DRIVE TAMPA FL 33618		Street Address (P.O. Box Number Is Not Acceptable)		
for the purpose of changing its registered of	1051 and 820.192. Florida Statutes, the above-named limited pa ffice or registered agent, or both, in the State of Florida. Such ch ligations of section 620.192, Florida Statutes.		by accept the app-pintment of registered	
	HAT IS A CORPORATION, LIMITE MUST BE REGISTERED AND ACT		ER BUSINESS ENTITY	
11. Nanie(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/	
PEDRERO, ARTURO F	3727 MONARCH DRIVE	TAMPA FL 33618		

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 affects as if made under eath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as perfured by chapter 620. Florida Statutes.

CI	CNI	ATI	IRE

uped or Printed Name of General Partner Signing Form ARTURU F. PEDRERG

RTURO F. PEDRERC Daytime Telephone Number \$13) 961-0198

PEDRERO FAMILY LIMITED PARTNERHIP

3727 MONARCH DRIVE, TAMPA, FLORIDA 33604

April 29, 1999

Plorida Department of State Division of Corporations P. O. Box 6327 Tallahassee, Florida 32314

Gentlemen:

Enclosed please the 1999 Limited Partnership Annual Report for the Pedrero Family Limited Partnership along with the filing fee of \$178.75.

·Please be advised that I did not received the 60 days notice of intent to revoke the limited partnership, and I such I was unable to file this Annual Report within the specified time to keep it active.

I hope this information is sufficient for your purposes. I would appreciate your consideration in this matter. If you have any questions, please let me know.

Very truly yours,

Arturo F. Pedrero