

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

LIMITED PARTNERSHIP
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 JAN -5 AM 10:33



1. Name of Limited Partnership

1a. DOCUMENT #
A96000000238

THE ROBERT R. ROWE FAMILY LIMITED PARTNERSHIP

Mailing Address

5300 S.W. 91ST TERRACE SUITE B
GAINESVILLE FL 32608

Principal Office Address

5300 S.W. 91ST TERRACE SUITE B
GAINESVILLE FL 32608

2. Mailing Address

Suite, Apt #, etc.

City & State

Zip Country

2a. Principal Office Address

Suite, Apt #, etc.

City & State

Zip Country

3. Date Formed or Registered

02/01/1996

3a. Date of Last Report

12/30/1997

4. State or Country of Formation

FL

6. FLE Number

59-3359519

7. Certificate of Status Desired

8. Make check payable to: Dept of State (See reverse side for fee information)

5a. Capital Contributions as
Shown on record

\$1,110,000.00

5b. Amount of Capital
Contributions in FLORIDA
to date

\$1,110,000.00

☐ Applied for
☐ Not Applicable

☐ \$8.75 Additional
Fee Required

9. Name and Address of Current Registered Agent

ROWE, ROBERT R
5300 S.W. 91ST TERRACE, SUITE B
GAINESVILLE FL 32608

Name

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

Suite, Apt #, etc.

City

10. If changed, new Registered Agent/Office

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

ROBERT R. ROWE, TRUSTEE

5300 S.W. 91ST TERRAC

GAINESVILLE FL 32608

4000002702254-3:
-02/02/98-01073-002
***526.25 ***526.25

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

Typed or Printed Name of General Partner Signing Form

ROBERT R. ROWE

DATE

12-29-98

Daytime Telephone Number 352-335-7840

CR2E003 (8/98)