

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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

99 JAN 14 AM 7:50

LIMITED PARTNERSHIP ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>George B. Matheson</b> Secretary of State DIVISION OF CORPORATIONS
---	---	--

<b>1. Name of Limited Partnership</b>  COBRO OF TAMPA, LTD.		<b>1a. DOCUMENT #</b> A96000001405  <i>99-AR CM</i>
<b>Mailing Address</b>  P.O. BOX 2522 TAMPA, FL 33601	<b>Principal Office Address</b>  4100 E. 7TH AVENUE TAMPA, FL 33605	
<b>2. Mailing Address</b>	<b>2a. Principal Office Address</b>	
Suite, Apt. #, etc. City & State Zip Country	Suite, Apt. #, etc. City & State Zip Country	

<b>3. Date Forwarded or Registered</b> 7/29/96	<b>5a. Capital Contributions as Shown on Record</b> \$5,000,000.00
<b>3a. Date of Last Report</b> 12/97	<b>5b. Amount of Capital Contributions in FLORIDA to date</b>
<b>4. State or Country of Formation</b> FL	<b>6. FEI Number</b> 59-3394631 <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
<b>7. Certificate of Status Desired</b> <input type="checkbox"/> \$8.75 Additional Fee Required	<b>8. Miscellaneous Fee payable to Dept. of State (See reverse side for form furnished)</b>

**9. Name and Address of Current Registered Agent**

AKERS, R. DEAN  
4100 E. 7TH AVENUE  
TAMPA, FL 33605

**10. If changed, new Registered Agent's Office:**

Name: \_\_\_\_\_  
Street Address (P.O. Box Number is Not Acceptable): 4100 E. 7TH AVENUE  
State, Apt. #, etc.: \_\_\_\_\_  
City: TAMPA FL Zip Code: 33605

**10a.** Pursuant to the provisions of sections 620.1051 and 620.107, 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). The hereby accepted appointment of registered agent. I am familiar with, and accept the obligations of section 620.107, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) *[Signature]* DATE: 1/11/99

**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
THOBODEAU, COLLEEN	ONE LAKE HOLLINGSWORTH DR.	LAKELAND, FL 33803	
AKERS, R. DEAN	4100 E. 7TH AVENUE	TAMPA, FL 33605	
AKERS, DREW	135 GREENWOODS LANE	LAKELAND, FL 33813	

02/02/99 01097-001  
 \*\*\*520.25 \*\*\*520.25

**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)(b), Florida Statutes. I release the Division of Corporations from any liability of noncompliance with Section 119.07(3)(b) in the event that the information supplied is deemed exempt from public access. I further certify that the information provided 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, or partner or trustee empowered to execute this report as required by Chapter 600, Florida Statutes.

SIGNATURE *[Signature]* DATE: 1/11/99

Typed or Printed Name of General Partner Signing Form: R. DEAN AKERS Daytime Telephone Number: 813 623-2827

CR2E003 (8/98)