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. Mórtham

Secretary of State **DIVISION OF CORPORATIONS**

1. Name of Limited Partnership

DOCUMENT# 1a.

FILEU SECRETARY OF STATE DIVISION OF CORPORATIONS

98 MAR -9 PM 12: 45

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R.C. STEVENS, LTD.				1 1011111111111111111111111111111111111	### 06## 05## 05## 15### #### #### ###		
Mailing Address	Principal Office Address			3. Date Formed or Registered	58. Capital Contributions as Shown on record.		
P.O. BOX 555688	isse88 3333 LAWRENCE STREET			12/26/1996	400.00		
ORLANDO FL 32855	ORLANDO FL 32805				\$80.00		
				02/24/1997	5b. Amount of Capital Contributions in FLORIDA		
2. Mailing Address	2a. Principal Office Address	2a. Principal Office Address			to date:		
Suite, Apt. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		6, FEI Number 21	30582 ☐ Applied For		
City & State	City & State	City & State		APPLIED FOR STEEP	クロンドス		
				7. Certificate of Status Desired \$8.75 Additional Fee Required			
Zip Country	Zip	Country		8. Make check payable to: Dept. of	State (See reverse side for fee information)		
9. Name and Address of Current Registered Agent KEATING, TIMOTHY M 3333 LAWRENCE STREET ORLANDO FL 32805		10. If changed, new Registered Agent/Office					
		Street Address (P.O. Box Number is Not Acceptable)					
		Suite, Apt. #, etc.					
		City			FL Zip Code		
for the purpose of changing its registered office agent. I am familiar with, and accept the obliging signature (Registered Agent Accepting Appointment A GENERAL PARTNER THAT MU	ations of section 620.192, Florida Statutes.	LIMITED	PART	DATE TNERSHIP OR OTHE			
11. Name(s) of General Partner(s)	11a. Address of Each Gene (Do NOT Use Post Office	ount Dortone	11b.	City, State & Zip Code	11c. Registration/ Document Number		
R.C. STEVENS CONSTRUCTION CO		3333 LAWRENCE STREET		ANDO FL 32805	202885		
				100002 -03/12 ****1	4559311 29801108023 56.25 ****156.25		
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Sec.							
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Note: General partners MAY N	OT be changed on this for	m; an am	endme	nt must be filed to cha	ange a general partner.		
12. I do hereby certify that the information supplied v Corporations from any liability of non-compliance this annual report is true and accurate and that n empowered to execute this report as required by	e with Section 119.07(3)(k) in the event that the ny signature shall have the same legal effects	information supp	olied is deer	med exempt from public access. I furth	er certify that the information indicated on		
SIGNATURE Deed	21 Soul			DATE	1-7-98		

Typed or Printed Name of General Partner Signing Form David J. Smith

Daytime Telephone Number 407 - 299 - 3800