

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. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 JAN 12 PM 3:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Name of Limited Partnership

1a. DOCUMENT #
A97000000199

R-ENTERPRISES, LTD.

98-AR
CM



Mailing Address

260 TURKEY CREEK
ALACHUA FL 32615

Principal Office Address

260 TURKEY CREEK
ALACHUA FL 32615

3. Date Formed or Registered

01/16/1997

5a. Capital Contributions as
Shown on record.

\$242,000.00

3a. Date of Last Report

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5b. Amount of Capital
Contributions in FLORIDA
to date:

242,000.00

4. State or Country of Formation

FL

2. Mailing Address

260 Turkey Creek

2a. Principal Office Address

1030 NW 23 Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Alachua, FL

City & State

Gainesville, FL

Zip

32615 USA

Zip

32609 USA

6. FEI Number

55 # 343 44 16 78

☐ Applied For
☒ Not Applicable

7. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

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

9. Name and Address of Current Registered Agent

BRASHEAR, BRUCE ESQ.
920 N.W. 8TH AVENUE
SUITE A
GAINESVILLE FL 32601

10. If changed, new Registered Agent/Office

Name

Norris O. Roszel

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

260 Turkey Creek

Suite, Apt. #, etc.

City

Alachua

FL

Zip Code

32615

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 1-8-98

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)

NOR OF NORTH FLORIDA, INC.

11a. Address of Each General Partner
(Do NOT Use Post Office Box Numbers)

260 TURKEY CREEK

11b. City, State & Zip Code

ALACHUA FL 32615

11c. Registration/
Document Number

P97000006321

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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

Norris O. Roszel

DATE 10/2/97

Typed or Printed Name of General Partner Signing Form

Norris O. Roszel

Daytime Telephone Number

(352) 395-6240

CR2E003 (6/97)