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

1. Name of Limited Partnership

a. DOCUMENT # **A97000001258**

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

98 NOV 30 PM 1: 26

ROBINO MANAGEMENT SYSTEMS, LTD.	
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Zip Country Zip Country Zip Country Tourity	2900 N. Military Trail	Principal Office Address	3, Date Formed or Registered	T ==
BOCA RATON, FL 33431 BOCA RATON, FL 34411	=			5a. Capital Contributions as Shown on record.
BOCA RATON, FI 33431 BOCA RATON, FI 133431 BOCA RATON, FI 12/2/2/1997 4. State or Country of Formation FI. BOCA RATON, FI 33431 BOCA RATON, FI 12/2/1997 4. State or Country of Formation FI. BOCA RATON, FI 13441 BOCA RATON, FI 14441	=		06/06/1997	toon on
2. Mailing Address 2. Mailing Address 2. Mailing Address 2. Suite, Apt, #, etc. Suite, Apt, #, etc. Suite, Apt, #, etc. Suite, Apt, #, etc. City & State 7. Certificate of Status Desired Fee Regul 8. Make check payable to: Dept. of Status (See revorse side for fee in Name KRAMER, ROBERT M KRAMER, ROBERT M KRAMER GREEN ZUCKERMAN & KAHN, P.A. 4000 HOLLYWOOD BLVD., STE 485 SO. HOLLYWOOD FL 33021 City C		Boca Raton, FL 33431		4330.00
2. Mailing Address 2a. Principal Office Address Lodge State Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State City & State Country Zip Country Zip Country Zip Country To			12/22/1997	5b. Amount of Capital
Suite, Apt. #, etc. G. FEI Number 65-0760118 Not Applied Fc 65-0760118 7. Certificate of Status Desired \$8.75 Add Fee Regult 8, Make check payable to: Dept. of State (See reverse side for fee in Name KRAMER, ROBERT M KRAMER, ROBERT M KRAMER GREEN ZUCKERMAN & KAHN, P.A. 4000 HOLLYWOOD BLVD., STE 485 SO. HOLLYWOOD FL 33021 City Suite, Apt. #, etc. City Lap Capital To Country Suite, Apt. #, etc. City Suite, Apt. #, etc. Suite, Apt		The state of the s	4. State or Country of Formation	to date:
City & State Country To Country Country To C	Z. Mailing Address	Za. Principal Office Address	, FL	
City & State To Country Country Country Country To Coun	Suite, Apt. #, etc.	Suite, Apt. #, etc.	6, FEI Number	Applied For
Zip Country Zip Country Tip Co	City & State	City & State	65-0760118	Not Applicable
Zip Country Zip Country 8, Make check payable to: Dept. of State (See reverse side for fee in Name 10. If changed, new Registered Agent/Office Name KRAMER, ROBERT M KRAMER GREEN ZUCKERMAN & KAHN, P.A. 4000 HOLLYWOOD BLVD., STE 485 SO. HOLLYWOOD FL 33021 City FL Zip Country Live in 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 st 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 Accepting Appointment) A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS EN MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.	City & State	City & Glate	7. Certificate of Status Desired	\$8.75 Additional
9. Name and Address of Current Registered Agent KRAMER, ROBERT M KRAMER GREEN ZUCKERMAN & KAHN, P.A. 4000 HOLLYWOOD BLVD., STE 485 SO. HOLLYWOOD FL 33021 City FL Zip Codd Zip Cod	Zip Country	Zip Country	9 Make check payable by Dont of	Fee Required
KRAMER, ROBERT M KRAMER GREEN ZUCKERMAN & KAHN, P.A. 4000 HOLLYWOOD BLVD., STE 485 SO. HOLLYWOOD FL 33021 City FL Zip Copid City FL Zip Copid FL			D. Mara creek payable to bept of	State (See reverse and for real information)
KRAMER GREEN ZUCKERMAN & KAHN, P.A. 4000 HOLLYWOOD BLVD., STE 485 SO. HOLLYWOOD FL 33021 City FL Zip Code To the purpose of changing its registered office or registered agent, or both, in the State of Fiorida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered Agent Accepting Appointment) A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS EN MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. Registration	9. Name and Address of Current	Registered Agent	10. If changed, new Registere	d Agent/Office
KRAMER GREEN ZUCKERMAN & KAHN, P.A. 4000 HOLLYWOOD BLVD., STE 485 SO. HOLLYWOOD FL 33021 City FL Zip Copid City FL Zip Copid City FL Zip Copid F	MANUEL DODGET 14	Name		
4000 HOLLYWOOD BLVD., STE 485 SO. HOLLYWOOD FL 33021 City FL Zip Codd To registered under the laws of the State of Florida, submits this st 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 Accepting Appointment) A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS EN MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. Address of Each General Partner.		Street Add	ress (P.O. Box Number Is Not Acceptable)	
HOLLYWOOD FL 33021 City FL Zip Codd To 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 Accepting Appointment) A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS EN MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. Address of Each General Partner Registratio			#. etc.	
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 st for the purpose of changing its 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, and accept the obligations of section 620,192, Florida Statutes. SIGNATURE (Registered Agent Accepting Appointment) DATE AGENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS EN MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.				
for the purpose of changing its registered office or registered agent, or both, in the State of Fiorida. 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, Fiorida Statutes. SIGNATURE (Registered Agent Accepting Appointment) DATE AGENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS EN MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. Address of Each General Partner.	HOLE WOOD IE 33021	City		FL Zp Sp LAT
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Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general par	for the purpose of changing its registered office or reagent. I am familiar with, and accept the obligations SIGNATURE (Registered Agent Accepting Appointment) A GENERAL PARTNER THAT MUS 11. Name(s) of General Partner(s)	egistered agent, or both, in the State of Fiorida, Such chan of section 620.192, Fiorida Statutes. IS A CORPORATION, LIMITED T BE REGISTERED AND ACTIVATION Address of Each General Partner (Do NOT Use Post Office Box Numbers)	DATE DPARTNERSHIP OR OTHE VE WITH THIS OFFICE. 11b. City, State & Zip Code BOCA RATON FL 33431	R BUSINESS ENTITY 11c. Registration/ Document Number
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12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not gually 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 indic this annual report is true and accurate and that my signature shall have the same legal effects at it practicular certify that I am a General Partner of the limited partnership, receiver empowered to execute this report as required by chapter 620, Florida Statutes. SIGNATURE	for the purpose of changing its registered office or reagent. I am familiar with, and accept the obligations SIGNATURE (Registered Agent Accepting Appointment) A GENERAL PARTNER THAT MUST 11. Name(s) of General Partner(s) STEMMER, CRAIG L Note: General partners MAY NOT 12. I do hereby certify that the information supplied with the Corporations from any liability of non-compliance with this annual report is true and accurate and that my sign empowered to execute this report as required by chap	egistered agent, or both, in the State of Fiorida, Such chan of section 620.192, Fiorida Statutes. IS A CORPORATION, LIMITED T BE REGISTERED AND ACTIVE 11a. [Do NOT Use Post Office Box Numbers] 2900 N MILITARY TRAIL be changed on this form; an arm is filing is volunterly furnished and does not fuelly for the Section 119.07(3)(iv.) in the event that the information supprature shall have the same legal effects at it gradefunder.	DATE DPARTNERSHIP OR OTHE VE WITH THIS OFFICE. 11b. City, State & Zip Code BOCA RATON FL 33431 1271 *****	The second the appointment of registered to the second sec