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. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
98 JAN -5 PM 12:18

1. Name of Limited Partnership

1a. DOCUMENT # A97000002108

2000 ULMERTON PARTNERS, LTD.

Mailing Address	Principal Office Address
9700 NINTH ST., N. SUITE 400 ST. PETERSBURG, FL 33702	9700 NINTH ST., N. SUITE 400 ST. PETERSBURG, FL 33702

3. Date Formed or Registered: 9/29/97
3a. Date of Last Report: N/A
4. State or Country of Formation: FLORIDA
5a. Capital Contributions as Shown on record: 1,630,886
5b. Amount of Capital Contributions in FLORIDA to date: 1,630,886

2. Mailing Address	2a. Principal Office Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

6. FEI Number: 59-3469557 ☐ Applied For ☐ Not Applicable
7. Certificate of Status Desired ☒ $8.75 Additional Fee Required
8. Make check payable to: Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent	10. If changed, new Registered Agent/Office
JAMES C. ROWE, ESQUIRE RIDEN, EARLE & KIEFNER, P.A. 100 SECOND AVENUE SOUTH NORTH TOWER-SUITE 400 ST. PETERSBURG, FL 33701	Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City

300002405873--0
-01/23/98--01066-012
****550.00 ****550.00

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
RYMA, L.C.	9700 NINTH ST., N. SUITE 400	ST. PETERSBURG FL 33702	L97000001023

437.50 10375 8.75 dee

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I 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)(i), Florida Statutes. I release the Department of State, Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) 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 named above; and that this report is required by chapter 620, Florida Statutes.

SIGNATURE Gary L. Marshall DATE 12/30/97