


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 PRITCHARD-ROBBINS LIMITED PARTNERSHIP		1a. DOCUMENT # A98000000559	
2. Mailing Address Suite, Apt. #, etc. 2512 WEST TYSON City & State TAMPA FLORIDA Zip 33611 Hillsborough		2a. Principal Office Address Suite, Apt. #, etc. 2512 WEST TYSON City & State TAMPA FLORIDA Zip 33611 Hillsborough	
3. Date Formed or Registered 02/27/1998		3a. Date of Last Report	
4. State or Country of Formation FL		5a. Capital Contributions as Shown on record \$990,000.00	
5b. Amount of Capital Contributions in FLORIDA to date 0		6. FEI Number 65-0861727 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
7. Certificate of Status Desired <input type="checkbox"/> \$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 ROBBINS, KATHLEEN S 6007 CLAM BAYOU LANE SANIBEL FL 33957		10. If changed, new Registered Agent/Office Name KATHLEEN ROBBINS Street Address (P.O. Box Number is Not Acceptable) 2512 WEST TYSON Suite, Apt. #, etc. 1 City TAMPA FL Zip Code 33611	
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) <i>Kathleen Robbins</i> DATE 1-15-99			
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) PRITCHARD-ROBBINS, INC.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 6007 CLAM BAYOU LANE	11b. City, State & Zip Code SANIBEL FL 33957	11c. Registration/Document Number P98000017712 500002772895--0 -02/11/99-01055--007 ****141.25 ****141.25
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)(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 <i>Kathleen Robbins</i> DATE 1-15-98			
Typed or Printed Name of General Partner Signing Form _____ Daytime Telephone Number _____			

FILED

99 FEB -8 AM 8:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CR2E003 (8/98)