## 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

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**DOCUMENT#** A98000000973

FILED WI/25 99 JAN -5 PH 1:48 SECRETA STATE TALLAHASSEE FLORIDA

S DEFERRARI FAMILY LIMITED PARTNERSHIP II	
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Mailing Address	Principal Office Address			3. Date Formed or Registered	5a. Capital Contributions as Shown on record.		
121 HARBOR DRIVE	121 HARBOR DRIVE			04/21/1998	440,000,00		
PALM HARBOR FL 34683	PALM HARBOR FL 34683		ſ	3a. Date of Last Report	\$10,000.00		
				4. State or Country of Formation	5b. Amount of Capital Contributions in FLORIDA to date:		
2. Mailing Address	2a. Principal Office Address			FL	<del></del>		
Suite, Apt. #, etc.	Suite, Apt. #, etc.			6, FEI Number	Applied For		
City & State	City & State			59-351H8H 7. Certificate of Status Desired	Not Applicable  \$8.75 Additional		
Zip Country	Zip Country				Fee Required		
				8. Make check payable to: Dept. of State (See reverse side for fee Information)			
		<del>-</del>					
9. Name and Address of Current Re	9. Name and Address of Current Registered Agent			10. If changed, new Registered Agent/Office			
CODON SDIACE II		Name					
	GORDON, BRUCE H Street Address (F		ess (P.O. Box	Number Is Not Acceptable)			
C/O SHUMAKER, LOOP & KENDRICK, LLP		Suite, Apt. #	t etc	ate			
	EAST RENNEUT BUVD., SUITE 2000			, etc.			
TAMPA FL 33602		City			FL Zip Code		
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)							
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 (Do NOT Use Post Office B	al Partner ox Numbers)	11b.	City, State & Zip Code	11c. Registration/ Document Number		
R & S DEFERRARI MANAGEMENT,	121 HARBOR DRIVE		PALM HARBOR FL 34683		P98000012340		
j				6000021 -02/05/ ****1\$	7666464 /9901120020 58.75 ****158.75		
Note: General partners MAY NOT be changed on this form; an amendment must be filled to change a general partner.  12. Ide by by certify that the information supplied with this filling is unbrighed and does not supply for the examples stated in Section 119 07(3)(b). Stories Statute I release the Diddles of							

Corporations from any fiability 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 I am a General Partner of the limited partnership, receiver or trustee ite this report as required by chapter 620, Florida Statutes

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RONALD R. DeFERRARI, President of R & S DeFerrari
Typed or Printed Name of General Partner Signing Form Management, Inc., Sole General Partners Telephone Number

(727) 787-4119