

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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

99 JAN 25 AM 9:43

1. Name of Limited Partnership

DOCUMENT #  
1798 000002743

RBB2 LIMITED PARTNERSHIP

Mailing Address

Principal Office Address

3. Date Formed or Registered

12-1-98

5a. Capital Contributions as  
Shown on record.

2500

3a. Date of Last Report

N/A

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

2500

2. Mailing Address

P.O. BOX 1662

2a. Principal Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. State or Country of Formation

ORANGE

6. FEI Number

59-3544091

☐ Applied For  
☐ Not Applicable

City & State

WINDERMERE FL

City & State

Zip

34786

ORANGE

Zip

Country

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

Name RICHARD MORRISON

Street Address (P.O. Box Number is Not Acceptable)  
8619 FRENCH OAK DR

Suite, Apt. #, etc.

City ORLANDO

FL Zip Code 32835

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)

Richard Morrison

DATE 1-21-99

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)

RICHARD MORRISON

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

8619 FRENCH OAK DR ORLANDO FL 32835

11b. City, State & Zip Code

11c. Registration/  
Document Number

500002755105-75  
-01/26/99-01055-017  
\*\*\*\*423.75 \*\*\*\*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

Richard Morrison

DATE

1-21-99

Typed or Printed Name of General Partner Signing Form

RICHARD MORRISON

Daytime Telephone Number

407-522-4455

CR2E003 (8/98)