

ANNUAL REPORT
1999



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
RBB3 LIMITED PARTNERSHIP

19. DOCUMENT #
A99000002744

2. Mailing Address P.O. Box 1662		2a. Principal Office Address		3. Date Formed or Registered 12-1-98	5a. Capital Contributions as Shown on record. 2500
3. City & State WINDERMERE FL		4. State or Country of Formation ORANGE		3a. Date of Last Report N/A	5b. Amount of Capital Contributions in FLORIDA to date: 2500
4. Zip 34780		Country ORANGE		6. FEI Number 59-3544094	<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		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	
		Zip Code FL 32835	

0a. 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.

1. 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
RICHARD MORRISON	8619 FRENCH OAK DR	ORLANDO FL 32835	700002755107-19 -01/26/99-01055-015 ****428.75 ****141/25

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

2. 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 effect 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 600, Florida Statutes.

SIGNATURE **Richard Morrison** DATE **1-21-99**
Typed or Printed Name of General Partner Signing Form **RICHARD MORRISON** Daytime Telephone Number **707-522-4453**