

**FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

**LIMITED PARTNERSHIP
ANNUAL REPORT
1997**



FLORIDA DEPARTMENT OF STATE
Sandra Mortham
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

96 SEP 20 PM 1:57



1. Name of Limited Partnership 300 PINE ISLAND ASSOCIATES, LTD.		1a. DOCUMENT # A13847	
Mailing Address 1776 N. PINE ISLAND RD. #318 PLANTATION FL 33322		Principal Office Address 1776 N. PINE ISLAND RD. #318 PLANTATION FL 33322	
2. Mailing Address Suite, Apt. #, etc. City & State Zip Country		2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country	
3. Date Formed or Registered 01/14/1983		5a. Capital Contributions as Shown on record \$700,000.00	
3a. Date of Last Report 10/02/1995		5b. Amount of Capital Contributions in FL ORIDA to date:	
4. State or Country of Formation FL		6. FEI Number 59-2256723 ☐ 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 MORRIS, ALLEN I. 1776 NORTH PINE ISLAND ROAD, SUITE 318 PLANTATION FL 33322		10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City Zip Code FL	
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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) MORRIS, ALLEN I. COHEN, STEVEN L. HILLMAN, DAVID H.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 2751 OAKMONT 880 E. COCO PLUM CIRC 5335 STRATHMORE AVE	11b. City, State & Zip Code FT. LAUDERDALE FL PLANTATION FL KENSINGTON MD	11c. Registration/Document Number 929-24
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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 629, Florida Statutes.

SIGNATURE

Allen I. Morris **General Partner**

ALLEN I. MORRIS

DATE

**9/16/96
954-474-1776**

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

CR2003 (6/96)