

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 Northam
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

96 DEC -9 AM 10: 56

ht 12/11



1. Name of Limited Partnership

1a. DOCUMENT #
A17346

CAMBRIDGE SQUARE OF HIALEAH ASSOCIATES, A LIMITED PARTNERSHIP

Mailing Address

8330 WOODFIELD CROSSING BLVD.
P.O. BOX 40177
INDIANAPOLIS IN 46240

Principal Office Address

8330 WOODFIELD CROSSING BLVD.
P.O. BOX 40177
INDIANAPOLIS IN 46240

3. Date Formed or Registered

06/25/1984

5a. Capital Contributions as
Shown on record.

\$0.00

3a. Date of Last Report

12/12/1995

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

4. State or Country of Formation

IN

2. Mailing Address

2a. Principal Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. FEI Number

35-1622996

☐ 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

KARNS, LARRY A.
1212 G.E. 2ND AVE.
FT. LAUDERDALE, FL FL 33318

10. If changed, new Registered Agent/Office

Name

Street Address (P.O. Box Number is Not Acceptable)

7332 Northwest Fifth Street

Suite, Apt. #, etc.

City

Plantation

FL

Zip Code

33317

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)

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

11b. City, State & Zip Code

11c. Registration/
Document Number

THURSTON, MAX A.

6417 DEAN ROAD

INDIANAPOLIS IN

BISESI, JAMES T

8617 SEAWARD LANE

INDIANAPOLIS IN 46256

900002026709--3
-12/12/96--01011--011
1723.75 *191.25

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

Max A. Thurston

DATE

12/3/96

Typed or Printed Name of General Partner Signing Form

Max A. Thurston, General Partner

Daytime Telephone Number

317/469-0400

CR2E003 (6/96)