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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED PARTNERSHIP ANNUAL REPORT
1997

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

1. Name of Limited Partnership

1a. DOCUMENT # A26394

COPANS (PHASE I) ASSOCIATES, LTD.

12/12/96

Mailing Address	Principal Office Address
~~%PREMIER ASSET MANAGEMENT, INC.~~ ~~3115 NE 163RD STREET~~ ~~NORTH MIAMI BEACH FL 33160~~	~~%PREMIER ASSET MANAGEMENT, INC.~~ ~~3115 NE 163RD STREET~~ ~~NORTH MIAMI BEACH FL 33160~~

3. Date Formed or Registered: 05/10/1988

3a. Date of Last Report: 10/09/1995

4. State or Country of Formation: FL

5a. Capital Contributions as Shown on record: $1,751,705.97

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

2. Mailing Address	**2a.** Principal Office Address
2100 Park Central Blvd, No	2100 Park Central Blvd, No.
Suite, Apt. #, etc.: Suite 900	Suite, Apt. #, etc.: Suite 900
City & State: Pompano Beach	City & State: Pompano Beach
Zip: 33064 Country: Broward	Zip: 33064 Country: Broward

6. FEI Number: 65-0372636 ☐ 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	**10.** If changed, now Registered Agent/Office
PREMIER ASSET MANAGEMENT, INC. ~~3115 NE 163RD ST.~~ ~~NORTH MIAMI BCH., FL 33160~~	Name: Street Address (P.O. Box Number Is Not Acceptable): 2100 Park Central Blvd, No Suite, Apt. #, etc.: 900 City: Pompano Beach, FL Zip Code: 33064

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
COPANS (PHASE I), INC.	~~3115 N.E. 163RD STREE~~ 2100 Park Central Blvd, No Suite 900	~~NORTH MIAMI BEACH FL~~ Pompano Beach, FL	V63786

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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 620, Florida Statutes.

SIGNATURE: Copans (Phase I), INC., as sole general partner DATE: 12/26/96

Typed or Printed Name of General Partner Signing Form: Jack Azout, Secretary Daytime Telephone Number: (954) 971-3339