

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
98 DEC 22 AM 8:38

1. Name of Limited Partnership

1a. DOCUMENT #
A29462

I-110 WEST, LTD.



01/11/97

Mailing Address

1320 SOUTH DIXIE HIGHWAY, SUITE 830
CORAL GABLES FL 33146

Principal Office Address

1320 SOUTH DIXIE HIGHWAY, SUITE 830
CORAL GABLES FL 33146

3. Date Formed or Registered

01/03/1990

5a. Capital Contributions as
Shown on record.

\$282,000.00

3a. Date of Last Report

09/22/1997

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

4. State or Country of Formation

FL

2. Mailing Address

2a. Principal Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. FEI Number

58-2045903

☐ 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

SEIF, EVAN D
1320 SOUTH DIXIE HIGHWAY, SUITE 830
CORAL GABLES FL 33146

10. If changed, new Registered Agent/Office

Name Robert D. Rapaport

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

175 Bradley PL.

Suite, Apt. #, etc.

City

Palm Beach

FL

Zip Code

33480

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)

Robert D. Rapaport

DATE

Dec 14, 1998

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)

MAKSON CORP.

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

1320 SOUTH DIXIE HIGH

11b. City, State & Zip Code

CORAL GABLES FL 33146

11c. Registration/
Document Number

P94000081934

000002735790--4
-01/08/99--01125--023
*****526.25 *****526.25

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

Fred F. Rapaport

DATE

12/8/98

Typed or Printed Name of General Partner Signing Form

Fred F. Rapaport

Daytime Telephone Number

712 750-7300

CR2E003 (8/98)