

**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

97 APR 17 AM 9:31

1. Name of Limited Partnership 1819, LTD.	1a. DOCUMENT # A33434
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156.25

Mailing Address 7780 S.W. 117 AVE. SUITE 201 MIAMI FL 33183	Principal Office Address 1700 PONCE DE LEON BLVD. CORAL GABLES FL 33134	3. Date Formed or Registered 09/18/1992	5a. Capital Contributions as Shown on record. \$100.00
2. Mailing Address	2a. Principal Office Address	3a. Date of Last Report 03/04/1996	5b. Amount of Capital Contributions in FLORIDA to date:
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. State or Country of Formation FL	
City & State	City & State	6. FEI Number 65-0375210	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip Country	Zip Country	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 GREUTNER, CHARLES G 1819 79TH STREET CAUSEWAY NO. 324 NORTH BAY VILLAGE FL 33141	10. If changed, new Registered Agent/Office Name: GRENTNER, Charles G. Street Address (P.O. Box Number Is Not Acceptable): Suite, Apt. #, etc.: City: FL Zip Code:
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← Spelling Wrong →

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) *[Signature]* DATE **1/27/92**

**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
1819, INC.	1700 PONCE DE LEON BL 1819 79th ST Causeway	CORAL GABLES FL North Bay Village FL 33141	V50504
		800002148238--7 -04/18/97--01105--013 ****156.25 ****156.25	
		New Fees	

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 *[Signature]* Pres. DATE **1/27/97**
Typed or Printed Name of General Partner Signing Form **G. G. Grentner, Pres. 1819, INC.** Daytime Telephone Number **305-865-7100**

CR2E003 (6/96)