

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

FILED

96 OCT -3 PM 3: 59

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 #  
**A92000000254**

**BAL HARBOUR SHOPS, LTD.**

97-AR  
CM

Mailing Address

\* MICHAEL D. KATZ, ESQUIRE  
2699 S. BAYSHORE DR., 7TH FL.  
MIAMI FL 33133

Principal Office Address

9700 COLLINS AVENUE  
BAL HARBOUR FL 33154

3. Date Formed or Registered

12/11/1992

5a. Capital Contributions as  
Shown on record

**\$64,409.00**

3a. Date of Last Report

09/25/1995

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

4. State or Country of Formation

FL

6. FEI Number

59-1421191

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)

2. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country

2a. Principal Office Address

Suite, Apt. #, etc.

City & State

Zip Country

9. Name and Address of Current Registered Agent

KATZ, MICHAEL D ESQUIRE  
2699 S. BAYSHORE DR., 7TH FL  
MIAMI FL 33133

10. If changed, new Registered Agent/Office

Name

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

Suite, Apt. #, etc.

City

FL Zip Code

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

WHITMAN, WILLIAM F

9700 COLLINS AVENUE

BAL HARBOUR FL 33154

WHITMAN, STANLEY F

9700 COLLINS AVENUE

BAL HARBOUR FL 33154

WHITMAN, DUDLEY A

9700 COLLINS AVENUE

BAL HARBOUR FL 33154

700001970237  
-10/10/95--01020--012  
\*\*\*\*576.25 \*\*\*\*576.25

**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

*Stanley F. Whitman*  
STANLEY F. WHITMAN

DATE

9/30/96  
(305) 266 0311

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

CR2E003 (6/96)