## 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

1. Name of Limited Partnership

\*A94000000319

## ATLANTIC RESORT DEVELOPMENT, LTD.

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

96 NOV 25 AM 8: 02



Mailing Address 3850 HOLLYWOOD BOULEVARD, SUITE 400 HOLLYWOOD FL 33021	0 HOLLYWOOD BOULEVARD. SUITE 400 16701 COLLINS AVENUE LLYWOOD FL 33021 MIAMI BEACH FL 33150		3. Date Formed or Registered 03/14/1994	5a. Capital Contributions as Shown on record.
			3a. Date of Last Report 12/04/1995	Eh
			4. State or Country of Formation	<b>5b.</b> Amount of Capital Contributions in FLORIDA to date
2. Mailing Address	2a. Principal Office Address		FL	\$5,000.00
Suite, Apt #, etc.	Suite, Apt. #, etc.		6. 65-0473667	Applied For Not Applicable
City & State	City & State		7. Certificate of Status Desired	\$8.75 Additional
Zip Country	Ζιρ	Country	8. Make check payable to: Dept. of	Fee Required State (See reverse side for fee information)
9. Name and Address of Current Registered Agent			10. If changed, new Registered Agent/Office	
CORNFELD, ROBERT M		Name		
3850 HOLLYWOOD BOULEVARD, SUITE 400 HOLLYWOOD FL 33021		Street Address (P.O. Box Number Is Not Acceptable)		
		Suite, Apt. #, etc.		
		City Zip Code		
SIGNATURE (Registered Agent Accepting Appointment) .  A GENERAL PARTNER THAT I	S A CORPORATION, BE REGISTERED A	LIMITED ND ACTIV	PARTNERSHIP OR OTHE	***************************************
11. Name(s) of General Partner(s)	11a. (Do NOT Use Post Office		11b. City. State & Zip Code	11c. Registration/
ATLANTIC RESORT DEVELOPMENT	3850 HOLLYWOOD BOULEV		HOLLYWOOD FL 33021	P93000047642
• • •			-12/0	20226311 6/9601092020 191.25 ****191.25
•				
Note: General partners MAY NOT	be changed on this for	m: an am	endment must be filed to cha	ange a general partner.
12. I do hereby certify that the information supplied with the Corporations from any liability of don-compliance with this annual report is true and accurate and that my sign empowered to execute this report as required by chap SIGNATURE	is filing is voluntarily furn shed and does Scopen 119.07(3)(k) in the event that the nature shall have the same legal effects	not qualify for the e information suppr as if made under	e exemption stated in Section 119.07(3)(k), Florida stied is deemed exempt from public access. I furth oath. I further certify that I am a General Partner o	Statutes. Frelease the Division of er certify that the information indicated on the limited partnership, receiver or trustee
Typed or Printed Name of General Partner Signing Forth P	arther Robert M	Cornfeld Cornfeld	President Telephone Number	954) 989–2200
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