FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP **ANNUAL REPORT** 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

DIVISION OF CORPORATIONS

98 JAN 20 PM 3: 32

| Name of Limited Partnership | A96000000644 | | | |
|---|--|---|--|--|
| 1850 ASSOCIATES, LTD. | | | m1/24 | |
| Mailing Address | Principal Office Address | | 3. Date Formed or Registered | 58. Capital Contributions as Shown on record. |
| -2255 GLADES ROAD *BUTE 311E -BOCA RATON FL-89(3) | -2255 GLADES ROAD -GUITE-311E BOGA RATON FL-55451 | | 04/03/1996 3a. Date of Last Report 01/10/1997 | \$500.00 5b. Amount of Capital Contributions in FLORIDA |
| 2. Malling Address 111 BOCA PATON PD. Sulte, Apt. #, etc. | 28. Principal Office Address 11 BOXA RATON RD. Suite, Apt. #, etc. | | 4. State or Country of Formation FL 6. FEI Number APPLIED FOR | to date: |
| BOCA PATCH FLORIDA | BOLA RATOH FLORIDA | | 7. Certificate of Status Desired | Not Applicable \$8.75 Additional Fee Required |
| 33432 PALM BEACH | 33432 PALL | 1BEACH | 8. Make check payable to: Dept. of | State (See reverse side for fee information) |
| 9. Name and Address of Current R | egistered Agent | T | 10. If changed, new Registered | Agent/Office |
| SCHROEDER, MICHAEL A ESQ. SCHROEDER AND LARCHE, P.A. 1-BOCA PLACE, 2255 GLADES RD., #319 ATRIUM BOCA RATON FL 33431 | | Name Street Address (P. Suite, Apt. #. etc. | O. Box Number Is Not Acceptable) | Zip Code |
| 10a. Pursuant to the provisions of sections 620.1051 and 6 for the purpose of changing its registered office or regagent. I am familiar with, and accept the obligations of | gistered agent, or both, in the State of Flori | d limited partnership o ida. Such change was | s authorized by its general partner(s). I here | e State of Florida, submits this statement |
| SIGNATURE (Registered Agent Accepting Appointment) A GENERAL PARTNER THAT IS | S A CORPORATION, L | IMITED PAI | RTNERSHIP OR OTHE | R BUSINESS ENTITY |
| MUST | BE REGISTERED AND | D ACTIVE V | VITH THIS OFFICE. | Desiritation/ |
| 11. Name(s) of General Partner(s) | Address of Each General (Do NOT Use Post Office Box | Numbers) 11k | City, State & Zip Code | 11c. Document Number |
| 1850, INC. | 1 BOCA PLANCE, #311E/ | E | BOCA RATON FL 33431 | P96000029074 |
| | | **** | -01/29/ | 166185 9801109021 5.00 ****165.00 |
| Note: General partners MAY NOT b | be changed on this form | ; an amendn | nent must be flied to cha | nge a general partner. |

flarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of 7(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on

I to hereby certify that the information supplied with this filir C rporations from any liability of non-compliance with Sections annual report is true and accurate and that my signature powered to execute this report as required by chapter 6: ave the same legal effects as if made under eath. I further certify that I am a General Partner of the limited partnership, receiver or trustee

SIGNATURE ___