

**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
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FILED
99 MAR 22 PM 12:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



1. Name of Limited Partnership BAYSHORE AT DAVIE, LTD.	1a. DOCUMENT # A96000001371
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Mailing Address 3701 GALT OCEAN DRIVE FORT LAUDERDALE FL 33308	Principal Office Address 3701 GALT OCEAN DRIVE FORT LAUDERDALE FL 33308	3. Date Formed or Registered 07/23/1996	5a. Capital Contributions as Shown on record \$20,000.00
		3a. Date of Last Report 12/04/1997	5b. Amount of Capital Contributions in FLORIDA to date
2. Mailing Address 6701 NORTH POWERLINE ROAD Suite, Apt. #, etc.	2a. Principal Office Address 6701 NORTH POWERLINE ROAD Suite, Apt. #, etc.	4. State or Country of Formation FL	6. FEI Number 65-0679493 ☐ Applied For ☐ Not Applicable
City & State FT. LAUDERDALE, FL	City & State FT. LAUDERDALE, FL	7. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	8. Make check payable to Dept. of State (See reverse side for fee information)
Zip 33309	Country BROWARD	Zip 33309	Country BROWARD

9. Name and Address of Current Registered Agent FRAZIER, ROBERT W JR., ESQ 2400 EAST COMMERCIAL BLVD., SUITE 826 FORT LAUDERDALE FL 33308	10. If changed, new Registered Agent/Office Name DISORBO, MARIO Street Address (P.O. Box Number Is Not Acceptable) 6701 NORTH POWERLINE ROAD Suite, Apt. #, etc. City FT. LAUDERDALE FL Zip Code 33309
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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) *Mario R. Disorbo* 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) BAYSHORE DEVELOPERS, INC. MDS AT DAVIE, INC.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 3701 GALT OCEAN DRIVE 6701 N. POWERLINE RD.	11b. City, State & Zip Code FORT LAUDERDALE FL 33309 FORT LAUDERDALE, FL 33309	11c. Registration/Document Number 400002828354--8 -03/30/99-01045--005 *****228.75 *****228.75 16-26-99
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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 *Mario R. Disorbo* DATE 12-30-98

Typed or Printed Name of General Partner Signing Form _____ Daytime Telephone Number _____

CR2E003 (8/98)