

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

LIMITED PARTNERSHIP
ANNUAL REPORT

FLORIDA DEPARTMENT OF STATE

Andra Martham
Secretary of State
DIVISION OF CORPORATIONS

1997

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 JAN -2 AM 8:29

1. Name of Limited Partnership

1a. DOCUMENT #

A96000001437

T.T. HIGHLAND ASSOCIATES, LTD.

Mailing Address

Principal Office Address

One Park Place
621 N.W. 53rd St.
Suite 450
Boca Raton, FL 33487

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621 N.W. 53rd St.
Suite 450
Boca Raton, FL 33487

3. Date Formed or Registered

08/01/96

5a. Capital Contributions as

Shown on record
\$1,000.00

3b. Date of Last Report

N/A

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

\$1,000.00

4. State or Country of Formation

Florida

2. Mailing Address

N/A

2a. Principal Office Address

N/A

Suite, Apt #, etc

N/A

Suite, Apt #, etc.

N/A

City & State

N/A

City & State

N/A

Zip

Country

N/A

Zip

Country

N/A

6. FEI Number
65-0689027

☐ 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)

9. Name and Address of Current Registered Agent

Lawrence N. Rosen
2925 Aventura Boulevard
Suite 308
Aventura, FL 33180

10. If changed, new Registered Agent/Office

Name

Neesa B. Warlen

Street Address (P.O. Box Number is Not Applicable)

621 N.W. 53rd Street

Suite, Apt #, etc.

Suite 450

City

Boca Raton

FL

Zip Code
33487

10a. Pursuant to the provisions of sections 620.1061 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)

Neesa B. Warlen

DATE

12/27/96

**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

T.T. Highland, Inc.

One Park Place
621 N.W. 53rd St.
Suite 450

Boca Raton, FL 33487

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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.

T.T. Highland, Inc. a Florida corporation, as sole General Partner
for T.T. HIGHLAND ASSOCIATES, LTD.

SIGNATURE

By:

Richard S. Weissman
Richard S. Weissman, President

DATE

12/27/96

Type: Printed Name of General Partner Signing Form

T.T. Highland, Inc.

Daytime Telephone Number (561) 994-6226

CR2E003 (6/96)