

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		FILED 96 DEC 30 PM 4:11 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
1. Name of Limited Partnership The David Family Limited Partnership		1a. DOCUMENT # A96000001895			
Mailing Address 8280 SW 105 Street Miami, FL 33156		Principal Office Address SAME		3. Date Formed or Registered 10-11-96	
				5a. Capital Contributions as Shown on record 5 Million	
2. Mailing Address Same		2a. Principal Office Address Same		3a. Date of Last Report N/A	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5b. Amount of Capital Contributions in FLORIDA to date \$900,000	
City & State		City & State		4. State or Country of Formation Florida	
Zip		Zip		6. FEI Number 65-0705327	
Country		Country		☐ 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 Gloria F. David 8280 SW 105 St Miami, FL 33156		10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code	
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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) _____ 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
Gloria David	8280 SW 105 St	Miami, FL 33156	N/A

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****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 Gloria F. David DATE 12/26/96

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

CR2F-003 (6/96)