

**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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

97 NOV 20 PM 12:00

1. Name of Limited Partnership

1a. DOCUMENT #  
**A96000002076**

**ARNOLD R. MEYER FAMILY LIMITED PARTNERSHIP**



Mailing Address

Principal Office Address

2999 NE 191ST STREET, SUITE 402  
NORTH MIAMI BEACH FL 33180

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NORTH MIAMI BEACH FL 33180

3. Date Formed or Registered

11/12/1996

5a. Capital Contributions as Shown on record.

\$10,000,000.00

3a. Date of Last Report

04/11/1997

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

2. Mailing Address

**1870 WATER RIDGE COURT**  
Suite, Apt. #, etc.

2a. Principal Office Address

**19707 TURNBERRY WAY**  
Suite, Apt. #, etc.

4. State or Country of Formation

FL

City & State

**WESTON, FL**

City & State

**AVENTURA, FL**

6. FEI Number

65-0732390

Applied For  
 Not Applicable

Zip

**33326**

Country

**USA**

Zip

**33180**

Country

**USA**

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

**NELSON, BARRY A**  
C/O NELSON & LA FEMINA, P.A.  
19495 BISCAYNE BLVD., SUITE-609  
NORTH MIAMI BEACH FL 33180

10. If changed, new Registered Agent/Office

Name

Street Address (P.O. Box Number Is Not Acceptable)

Suite, Apt. #, etc.

City

**FL**

Zip Code

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)

**ARNOLD R. MEYER FAMILY HOLDI**

11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)

**2999 NE 191ST STREET,**

11b. City, State & Zip Code

**NORTH MIAMI BEACH FL**

11c. Registratory/Document Number

**P96000086488**

700002358017-2  
-11/26/97-01050-011  
\*\*\*\*\*541.25 \*\*\*\*\*541.25

**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

*Roselyn Meyer*

DATE

**Oct. 9, 1997**

Typed or Printed Name of General Partner Signing Form

**ROSELYN MEYER**

Daytime Telephone Number

**954-389-9849**

CR2E003 (6/97)