

**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 DEC 22 PM 1:15

1. Name of Limited Partnership

1a. DOCUMENT #
A97000000343

BREAKSTONE SW, LTD.



Mailing Address

18000 BISCAYNE BLVD., SUITE 505
NORTH MIAMI FL 33180

Principal Office Address

12000 BISCAYNE BLVD., SUITE 505
NORTH MIAMI FL 33180

3. Date Formed or Registered

02/06/1997

3a. Date of Last Report

5a. Capital Contributions as
Shown on record.

\$9,900.00

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

\$9,900.00

4. State or Country of Formation

FL

6. FEI Number

☒ 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)

2. Mailing Address

2875 NE 191 ST

Suite, Apt. #, etc.

SUITE 500

City & State

AVENTURA FL

Zip

33180

Country
USA

2a. Principal Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

9. Name and Address of Current Registered Agent

WOLF, JORGE LUIS ESQ.
2875 NORTHEAST 191ST STREET, SUITE 500
TURNBERRY PLAZA
AVENTURA 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)

BREAKSTONE SW, L.C.

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

12000 BISCAYNE BLVD.,

11b. City, State & Zip Code

NORTH MIAMI FL 33181

11c. Registration/
Document Number

L95000000503

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******173.75 ****173.75**

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 form 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

DATE

Typed or Printed Name of General Partner Signing Form

ENRIQUE WOLF

Daytime Telephone Number

305-899-9282

CR2E003 (6/97)