

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**

98 JAN -2 PM 3:29

1. Name of Limited Partnership

RNJH ASSOCIATES, LTD.

1a. DOCUMENT #
A97000000985

Mailing Address

**17017 Brookwood Drive
Boca Raton, FL 33496**

Principal Office Address

**17017 Brookwood Drive
Boca Raton, FL 33496**

3. Date Formed or Registered

May 2, 1997

5a. Capital Contributions as Shown on record

\$4,950,000

3a. Date of Last Report

N/A

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

\$4,950,000

4. State or Country of Formation

Florida

2. Mailing Address

17017 Brookwood Drive

Suite, Apt. #, etc.

City & State

Boca Raton, Florida

Zip Country

33496 USA

2a. Principal Office Address

17017 Brookwood Drive

Suite, Apt. #, etc.

City & State

Boca Raton, Florida

Zip Country

33496 USA

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)

\$541.25

9. Name and Address of Current Registered Agent

**RNJH ASSOCIATES, INC.
17017 Brookwood Drive
Boca Raton, FL 33496**

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)

RNJH ASSOCIATES, INC.

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

17017 Brookwood Dr.

11b. City, State & Zip Code

Boca Raton, FL

11c. Registration/Document Number

P97000020904

**600002401326-4
-01/15/98-01040-017
****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

Jeff White, President
Jeff White, President

DATE

**12/31/97
516-755-2010**

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

CR2E003 (6/97)