FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND $500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

99 JAN -5 PM 1:43

1. Name of Limited Partnership

1a. DOCUMENT # A97000002184

TRADERS RESORT 1997, LTD.

Mailing Address
2080 SOUTH OCEAN DRIVE
HALLANDALE BEACH FL 33009

Principal Office Address
2080 SOUTH OCEAN DRIVE
HALLANDALE BEACH FL 33009

2. Mailing Address
1600 S. OCEAN ~~DRIVE~~ BLVD
Suite, Apt. #, etc.
City & State
POMPANO BCH, FL
Zip 33062 Country USA

2a. Principal Office Address
1600 S. OCEAN ~~DRIVE~~ BLVD
Suite, Apt. #, etc.
City & State
POMPANO BCH, FL
Zip 33062 Country USA

3. Date Formed or Registered
10/09/1997

3a. Date of Last Report
01/16/1998

4. State or Country of Formation
FL

5a. Capital Contributions as Shown on record
$1,500,000.00

5b. Amount of Capital Contributions in FLORIDA to date
1500 000

6. FEI Number
65-0786578
☐ 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
EISINGER, DENNIS J
4000 HOLLYWOOD BLVD., SUITE 265-S
HOLLYWOOD FL 33021

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)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration Document Number
TRADERS RESORT 1997, INC.	2080 SOUTH OCEAN DRIV	HALLANDALE BEACH FL 3	P97000086959

000000274626 01-02/02/99 --01069--024
****535.00 ****535.00

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 DATE

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

CR2E003 (8/98)