

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

FILED

99 MAR -2 PM 12:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. Name of Limited Partnership

1a. DOCUMENT #

AG8000000318

LE CHATEAU-MIZNER'S PRESERVE; LIMITED PARTNERSHIP

Mailing Address

~~MARK PORATH  
16830 VENTURA BLVD. STE 352  
ENCINO CA 91436~~

Principal Office Address

JAMES GRIFFIN  
1401 E. BROWARD BLVD #302  
FT LAUDERDALE FL 33301

3. Date Formed or Registered

02/03/98

3a. Date of Last Report

n/a

5a. Capital Contributions as  
Shown on record.

\$100.00

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

5,461,871.98

4. State or Country of Formation

FL

6. FEI Number

95-4672092

☐ 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

c/o MARK PORATH  
16133 VENTURA BLVD, STE 1400  
ENCINO, CA  
91436 USA

2a. Principal Office Address

n/a

Suite, Apt. #, etc.

City & State

Zip

Country

9. Name and Address of Current Registered Agent

GRIFFIN, JAMES  
1401 E. BROWARD BLVD #302  
FT LAUDERDALE FL 33301

10. If changed, new Registered Agent/Office

Name

n/a

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)

FL MS/HIIP GP, L.P.

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

1401 E. BROWARD BLVD.

11b. City, State & Zip Code

FT LAUDERDALE, FL  
33301

11c. Registration/  
Document Number

L97000000771

2000002803092-1-0  
-03/11/98-01109-007-  
\*\*\*\*526.25 \*\*\*\*526.25

dec

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 SEE ATTACHED SIGNATURE BLOCK

DATE

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number