

LIMITED PARTNERSHIP

Secretary of State DIVISION OF CORPORATIONS FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

98 JUL 24 PH 3: 28

DOCUMENT # B97000000215

1. Name of Limited Partnership

| 9191 SOUTH DIXIE LIMITED PARTNERSHIP | | | | | | | | |
|---|--------------------------------|--|---------|--|---|-----------|---|--|
| | | | | | DO NOT WRITE IN THIS SP ACE. | | | |
| 2. Mailing Address 100 BAY COLONY LANE | | 3. Principal Office Address | | 4. Date To | 4. Date Formed or Registered To Do Business in Florida 05/05/97 | | | |
| Suite, Apt. #, etc | | Suite, Apl. #, etc. | | | 5. FEI Number 65-0753607 | | Applied For | |
| City & State FORT LAUDERDALE, FL | | City & State | | 6. | | Swift Ade | Not Applicable | |
| Zip | Country | Zip | Country | CERTIFICATE OF STATUS DESIRED [] | | | relicate of Status | |
| 33308 | USA | | | 7. State or Country of Formalion | | | | |
| 8a. Capital Contributions as Shown on Record 0.00 8b. Amount of Capital Contributions in FLORIDA to date 0.00 | | FEES: 1.) Filing Fee(s): Computed at a rate of \$7 per \$1,000 on amount entered in 8b, with a minimum filing fee of \$52.50 and a maximum of \$437.50, for each year due this office. 2.) Supplemental Fee(s): \$88.75 for each year due this office, beginning with 1992 calendar year. 3.) Penalty Fee(s): \$500 penalty fee for each year report form is delinquent. Note: If the amount entered in 8b is greater than amount entered in 8a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee. | | | | | | |
| 9. । | Name and Address of Current Re | gistered Agent | | 10. | 10. If changed, new registered agent/office | | | |
| JAMES L. BERGER, ESQ. 100 N.E. 3RD AVENUE, #400 FORT LAUDERDALE, FL 33301 | | | | Street Address (P.O. Box Number Is Not Acceptable) Suite. Apt. #, etc | | | | |
| 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 Acception Appointment) | | | | | | | | |
| A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. | | | | | | | | |
| 11. Namos of General Partner(s) | | Address of Each Gonoral Partner (Do NOT Use Post Office Box Numbers) | | T | City. State and Zip Code 11a. | | legistration urnent Number | |
| 9191 SOUTH | DIXIE, INC. | 100 BAY COLO | NY LANE | FT. LAUDERI | DALE, FL 33308 | F970000 | 02376 | |
| ą | | | | | 1000026 -07/28/9 ****641 | | | |
| | | | | KLINS | TATEST | <u>9</u> | <u> 18 </u> | |

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 trie 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 eath. 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

7. 22.48

GAYLA SUE LEVIN, PRESIDENT OF 9191 SOUTH DIXIE, INC.
Telephone Number. (954) 491-6150