

**FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

**LIMITED PARTNERSHIP
ANNUAL REPORT
1997**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

96 NOV 22 PM 4:10

12/3



1. Name of Limited Partnership

1a. DOCUMENT #
A95000000874

GOTHENBURG INVESTORS, LTD.

Mailing Address

C/O BDPB 1 SE 3RD AVE.
15TH FLOOR. ATTN: B. BRANT
MIAMI FL 33143

Principal Office Address

190 CASUARINA CONCOURSE
CORAL GABLES FL 33143

3. Date Formed or Registered

06/06/1995

5a. Capital Contributions as Shown on record.

\$150,000.00

3a. Date of Last Report

06/28/1996

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

\$150,000

4. State or Country of Formation

FL

2. Mailing Address

2a. Principal Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

33131

6. FEI Number

65-0592716

☐ 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

**WEIDER, NORMAN S ESQ.
100 S.E. 2ND ST., STE. 3910
MIAMI FL 33131**

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)

LCC MANAGEMENT, INC.

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

190 CASUARINA CONCOUR

11b. City, State & Zip Code

CORAL GABLES FL 33143

11c. Registration/Document Number

P95000042201

**400002019084--5
-12/04/96--01038--017
***585.00 ***585.00**

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

Barry Brant
BARRY BRANT, VICE PRESIDENT

DATE

11/11/96

Typed or Printed Name of General Partner Signing Form

LCC MANAGEMENT, INC., GENERAL PARTNER

Daytime Telephone Number

305-379-7000