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

DOC! IMENIT #

97 JAN -3 AM 8: 47

| Name of Limited Partnership | 1ª:A9600000 | 1ªA96000000966 | | | |
|---|--|--|--|---|--|
| 104, LTD. | <u> </u> | | 1 1881814 1810 18110 81111 98111 8 | BIH 58H 86H 56H 58H 56H 56H 16H 66H 6 | |
| | | | SD1/13 | | |
| Malling Address 2104 S.W. 58TH AVENUE | Principal Office Address 2104 S.W. 58TH AVENUE HOLLYWOOD FL 33023 | | 3. Date Formed or Registered 05/24/1996 | 58. Capital Contributions as Shown on record. | |
| HOLLYWOOD FL 33023 | | | 3a. Dale of Last Report | \$200,000.00 | |
| | | | 4. State or Country of Formation | 5b. Amount of Capital Contributions in FLORIDA to date: | |
| 2. Mailing Address | 2a. Principal Office Address | 2a. Principal Office Address | | | |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | Suite, Apt. #, etc. | | Applied For | |
| City & State | City & State | City & State | | 45-06/de345 ☐ Not Applicable | |
| Zip Country | Zip Country | | 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 | of Current Registered Agent | | 10. If changed, new Registere | d Agent/Office | |
| BENDER, HARRY K 5915 PONCE DE LEON BLVD., SUITE 60 | | Name | | | |
| | | Street Address (P.O. Box Number Is Not Acceptable) | | | |
| CORAL GABLES FL 33146 | | Suite, Apl. #, etc. | | | |
| | | City | | FL Zip Code | |
| for the purpose of changing its registered agent. I am familiar with, and accept the SIGNATURE (Registered Agent Accepting Appoin | 0.1051 and 620.192, Florida Statutes. the above-rid office or registered agent, or both, in the State of obligations of section 620.192, Florida Statutes intrinently. THAT IS A CORPORATION | Florida. Such change v | vas authorized by its general partner(s). I hor | eby accept the appointment of registered | |
| - A GENERALI ATTIVETT | MUST BE REGISTERED A | ND ACTIVE | WITH THIS OFFICE. | · | |
| 11. Name(s) of General Partner(s) | 11a. (Do NOT Use Post Office | e Box Numbers) | 1b. City, State & 7 p Code | 11c. Registration/ Document Number | |
| DANFRAN REALTY, INC. | 2104 S.W. 58TH AVE | NUE | HOLLYWOOD FL 33023 P96000036586 | | |
| 1 | 1 | | | | |
| N ₂ | | | 500002 -01/14 | 0 578956 /97-01171-016 | |
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| N-4- 0 | V NOT be abanded on this for | | | | |

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 doos 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 earth. I further certify that I am a General Partner of the limited partnership, receiver or trustee

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number