TILE UN Un BEIO EA I ILS, 1000 IU AVOID **REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra Mortham Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

DOCUMENT # 1a.

97 JAN 24 AM II: 03

·		A95000001324								
TOBY PROPERTY, LTD.						\$1/27 DO NOT WRITE IN THIS SPACE.				
						2. ^Y	ew Mailing Address, If	Applicable		
Mailing Address Principa: Office Address						Suite, Apt. #, etc.				
19207 N.E. 18TH AVENUE NORTH MIAMI BEACH FL 33179		19207 N.E. 18TH AVENUE NORTH MIAMI BEACH FL 33179				City, State & Zip				
						2a.	New Principal Office A	ddress, If A	pplicable	
If above addresses are incorrect in any way.	line trirough the	incorrect information and e	nter correct addre	ess in Block 2	and/or 2a	Suite,	Apt. #, etc.			
3. Date Formed or Registered to Do Business in FLORIDA 09/07/1995		Date of Last Report	ountry of Form	nation	City, State & Zip					
5a. Capital Contributions as Shown on Record	Capital Contributions as Shown 5b. Amoun		Capital Contributions in 6. FEI Nu to date		mber		Applied For	7, CERT	IFICATE O	F STATUS REQUIRED
\$1,100,990.00				-0605161		Not Applicable \$8.75.8 £10s of 1.65 resignant to the a Control of Status				
8. FEES: 1.) Filing Fee: Computed at 2.) Supplemental Fee. \$138. THE AMOUNT DUE SHALL BE NO LESS TI Note: If the amount entered in 5b is MAKE CHECK PAYABLE TO FLORIDA DEF	.75 (pursuant to s HAN \$191.25 (\$5 greater than amo PT. OF STATE.	gction 607.193, F.S.) 2 50 + \$138.75) AND NO N unt entered in 5a, a supplet	ORE THAN \$576	.25 (\$437.50 +	\$138.75)	a separ	ate and appropriate filin	g fee.		
9. Name and Address of Current Registered Agent				Name	10. If changed, new Registered Agent/Office					
WIENER, TOBY			Street Address (P.O. F			er Is Not Acceptable)				
19207 N.E. 18TH AVENUE, NORTH MIAMI BEACH FL 33179				Suite, Apt.						
Marin Desterring Gold				City Zip Code						
				City				·· · · · · · · · · · · · · · · · · · ·	FL	ZIP CODE
for the purpose of changing its reg agent. I am famil ar with, and acce SIGNATURE (Registered Agent Accepting A GENERAL PARTNE	opt the obligations Appointment) ER THAT	s of section 620 192. Florid	a Statutes.	IMITED	PAR1	NEF	RSHIP OR O	DATE		
11. Name(s) of General Partner(s)		11a. (Do NOT U	Address of Each General (Do NOT Use Post Office Bo		11b.	Ci	ty, State & Zip Code		11c.	Registration/ Document Number
TOBY PROPERTY, INC.		19207 N.E.	U N		HORTH MIAMI BEACH FL			P95000068678		
							10006 -01/ **	120 128/9 1*576.	706 701 .25	5510 117015 ****\$76.25
NOTE: General partners	MAY NO	T be changed o	n this forr	n; an an	endme	nt m	ust be filed to	o chan	ge a g	eneral partner.
I do hereby certify that the informatic Corporations from any liability of nor this annual report is true and accura empowered to execute this report a	n-compliance with site and that my se s required by cha	n Section 119 07(3)(k) in thi grature shall have the sam	e event that the in e legal effects as	formation sup if made under	plied is deer roath. I furth	ned exe er certify	mpt from public access y that I am a General Pa	i. I further co artner of the	ertify that t	ne information indicated on
OIGHACIOIL			-1-1-1-1	1 -	α	7	UM			