

FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT
TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1998



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 SEP 26 AM 9:05

1. Name of Limited Partnership

1a. DOCUMENT #
A96000001365

SCHERL ENTERPRISES, LTD.



Mailing Address

**411 LINCOLN ROAD MALL
SUITE 500
MIAMI BEACH FL 33139**

Principal Office Address

**111 LINCOLN ROAD MALL
SUITE 500
MIAMI BEACH FL 33139**

3. Date Formed or Registered

07/22/1996

3a. Date of Last Report

04/15/1997

4. State or Country of Formation

FL

5a. Capital Contributions as
Shown on record.

\$5,016,743.00

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

2. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

2a. Principal Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. FEI Number

65-0685583

☐ 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

**FEUERMAN, JONATHAN ESO.
C/O THERREL BAISDEN & MEYER WEISS
1111 LINCOLN ROAD MALL, SUITE 500
MIAMI BEACH FL 33139**

10. If changed, new Registered Agent/Office

Name

Therrel Baisden, P.A.

Street Address (P.O. Box Number Is Not Acceptable)

One S.E. 3rd Ave

Suite, Apt. #, etc.

2400

City

Miami

FL

Zip Code

33131

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)

T. SCHERL, INC.

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

1111 LINCOLN ROAD MALL

11b. City, State & Zip Code

MIAMI BEACH FL 33139

11c. Registration/
Document Number

P96000060984

500002307455--7
-09/30/97-07/032-019
******541.251****541.25**

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

DATE

Typed or Printed Name of General Partner Signing Form

ALLEN SCHERL

Daytime Telephone Number

914 723-2724

CR2E003 (6/97)