

1ST NOTICE: DUE ON OR BEFORE DECEMBER 31, 1994

LIMITED PARTNERSHIP
ANNUAL REPORT
1995FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

Name of Limited Partnership

1a. DOCUMENT #
A21443

RIVEST OF FLORIDA, LTD.

Filing Address

2665 S. BAYSHORE DR.
SUITE 801
MIAMI FL 33133

Principal Office Address

2665 S. BAYSHORE DR.
SUITE 801
MIAMI FL 33133

(Above addresses are incorrect in any way, the filer must correct information and attach correct address in Block 2 and/or 2a.)

Date Registered to Do Business in FLORIDA
12/10/19853a. Date of Last Report
11/30/19934. State or Country of Formation
FL5. Capital Contributions as Shown
on Record:

\$175,781.00

5b. Amount of Capital Contributions in
FLORIDA to date

\$ 175,781.00

6. FBI Number

59-2614626

Applied For

Not Applicable

7.

\$8.75 Additional Fee
required
for a Certificate of Status ☐

THE BASIC ANNUAL REPORT FILING FEE IS FIGURED AT THE RATE OF \$7.00 PER THOUSAND ON THE ACTUAL CAPITAL CONTRIBUTION PLUS A SUPPLEMENTAL FEE OF \$138.75 PURSUANT TO s.607.193, FLORIDA STATUTES. THE FILING FEE SHALL BE NO LESS THAN \$191.25 (\$32.50 - \$138.75) AND NO MORE THAN \$575.25 (\$437.50 + \$138.75). For questions concerning filing fees, please call (904) 487-6056. Please submit your 1995 annual report with a check payable to the Secretary of State in U.S. funds through a U.S. bank.

9. Name and Address of Current Registered Agent

KLEIN PETER W.
2665 S. BAYSHORE DRIVE
8TH FLOOR
MIAMI FL 33133-5401

10. If changed, new registered agent/office

Name

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

Suite, Apt. R, etc

City

FL

Zip Code

13. 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 or registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

NATURE (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.

Names of General Partner(s)

TRIVEST, INC.

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

2665 S. BAYSHORE DR.

11b. City and State

MIAMI FL

11c. Registration
Document Number

P10197

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14. General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

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 Director 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 reported 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, recorder or trustee, empowered to execute this report as required by chapter 620, Florida Statutes.

NATURE
ivest, Inc. By Marilyn D. Kuffner, Assistant Secretary
or Printed Name of General Partner Signing Form

DATE

11/22/94

Telephone Number (305) 858-2200