

FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP  
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP  
ANNUAL REPORT  
1999



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

FILED

98 DEC 30 PM 12:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. Name of Limited Partnership

1a. DOCUMENT #  
A95000001926

NORTHPORT MARKETPLACE, LTD.



Mailing Address

Principal Office Address

12000 BISCAYNE BLVD., PH 810  
MIAMI FL 33181

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MIAMI FL 33181

3. Date Formed or Registered

12/08/1995

5a. Capital Contributions as  
Shown on record.

\$99.00

3a. Date of Last Report

12/31/1997

4. State or Country of Formation

FL

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

2. Mailing Address

2a. Principal Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Zip

Country

6. FEI Number

65-0649458

☐ 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

FLORIDA INTERNATIONAL TRADING  
12000 BISCAYNE BLVD., PH 810  
MIAMI FL 33181

10. If changed, new Registered Agent/Office

Box Number is Not Acceptable)

400002747824--3

01/20/99-01080-014

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10a. Pursuant to the provisions of section  
for the purpose of changing its registered  
agent, I am familiar with, and accept

organized or registered under the laws of the State of Florida, submits this statement  
authorized by its general partner(s). I hereby accept the appointment of registered

SIGNATURE (Registered Agent Accepting App

DATE

A GENERAL PARTNER

LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY  
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

11. Name(s) of General Partner(s)

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

11b. City, State & Zip Code

11c. Registration/  
Document Number

NORTHPORT MARKETPLACE, INC.

12000 BISCAYNE BLVD.,

MIAMI FL 33181

P93000064128

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

R. SCOTT IRELAND, DIR., NORTHPORT MARKETPLACE, INC. DATE 12-28-98

Typed or Printed Name of General Partner Signing Form

R. SCOTT IRELAND

Daytime Telephone Number

305-891-6806

CR2E003 (8/98)