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

LIMITED PARTNERSHIP ANNUÅL REPORT

1998

Typed or Printed Name of General Partner Signing Form



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

**DOCUMENT#** 

15050-1646

SECRETARY OF STATE DIVISION OF CORPORATIONS

98 FEB 23 AM II: 50



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BRADLEY ESTATES, LTD	D.		1 111111 1111 1111 1111 1111		
· · · · · · · · · · · · · · · · · · ·		2-23			
Mailing Address	Principal Office Address			58. Capital Contributions as Shown on record. \$33,031.44  5b. Amount of Capital Contributions in FLORIDA	
2121 PONCE DE LEON BLVD.	2121 PONCE DE LEON BLVD.				
STE.#442 Coral Gables FL 33134-5221					
2. Mailing Address	28. Principal Office Address	2a. Principal Office Address		Contributions in FLORIDA to date:	
Suite, Apt. #, etc.	Suite, Apt. #, etc.			Applied For Not Applicable	
City & State	City & State			\$8.75 Additional Fee Required	
Zip Country	Zip	Country	8. Make check payable to: Dept. of	f State (See reverse side for fee information)	
STERN, PAUL A.  2121 PONCE DE LEON BLVD. 202 /7 PO POSRII , STE-#442  CORAL GABLES FL 33134		10. If changed, new Registered Agent/Office  Name			
		Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc.			
		City FL Zip Code			
for the purpose of changing its registe	620 1051 and 620 192. Florida Statutes, the above-na red office or registered agent, or both, in the State of the obligations of section 620 192, Florida Statutes.			eby accept the appointment of registered	
A GENERAL PARTNER	THAT IS A CORPORATION, MUST BE REGISTERED A			R BUSINESS ENTITY	
11. Name(e) of General Partner(s)	11a. Address of Each Gen (Do NOT Use Post Office	eral Partner Box Numbers) 11b	City, State & Zip Code	11c. Registration/ Document Number	
BRADLEY HOMES, INC.	2 <del>121 PONCE DE</del> LEON	<b></b> C	ORAL GABLES FL 33134	159511	
	JUSA RAGO	FUE	<b>4000</b> 02 -03/04 *****3	159511 4469641 /8801068015 18.97 ****319.97	
Note: General partners M/	AY NOT be changed on this for	m; an amendr	nent must be filed to ch	KWM	
<ol> <li>I do hereby certily that the information su Cerporations from any liability of non-con this annual report is true and accurate an</li> </ol>	pplied with this filing is voluntarily furnished and does nplance with Section 119.07(3)(k) in the event that the nd that my signature shall have the same legal effects	not qualify for the exemp	tion stated in Section 119.07(3)(k), Florida deemed exempt from public access. I furth	Statutes. I release the Division of er certify that the information indicated on	
empowered to execute this report as requ	uired by chapter 820, Florida Statutes			- / /	

Daytime Telephone Number