

FILE ON OR BEFORE APRIL 7, 1999 TO AVOID
REVOCATION AND \$500 PENALTY FEE

150.00

LIMITED PARTNERSHIP
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

99 APR 15 PM 3: 15



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| 1. Name of Limited Partnership BRADLEY ESTATES, LTD. | | 1a. DOCUMENT # A01644 | |
| 2. Mailing Address 2121 PONCE DE LEON BLVD., STE. 442 CORAL GABLES FL 33134-5221 | | 2a. Principal Office Address 202 ARAGON AVE. CORAL GABLES FL | |
| 3. Date Formed or Registered 10/28/1971 | | 5a. Capital Contributions as Shown on record \$33,031.44 | |
| 3a. Date of Last Report 02/23/1998 | | 5b. Amount of Capital Contributions in FLORIDA to date \$7500 | |
| 4. State or Country of Formation FL | | 6. FEI Number 59-1390862 | |
| 7. Certificate of Status Desired <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable | | 8. Make check payable to Dept. of State (See reverse side for fee information) | |

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|---|---|
| 9. Name and Address of Current Registered Agent STERN, PAUL A 202 ARAGON AVE. CORAL GABLES FL 33134 | 10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number (s) Not Acceptable) Suite, Apt. #, etc. City FL Zip Code |
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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.

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|---|---|---|--|
| 11. Name(s) of General Partner(s) BRADLEY HOMES, INC. | 11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 202 ARAGON AVE. | 11b. City, State & Zip Code CORAL GABLES FL 33134 | 11c. Registration/Document Number 159511 |
| AR 32.50 AR 86.75 CERT 8.75 150.00 | | | |
| 500002840105-2 -04/15/99-01056-022 ****202.50 ****150.00 | | | |
| MK 4/15/99 | | | |

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

Ronnie P. Stern

Daytime Telephone Number