FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP **ANNUAL REPORT** 1997



FLORIDA DEPARTMENT OF STATE

Sandra Mortham

Secretary of State DIVISION OF CORPORATIONS FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

96 DEC 27 AM 8: 20

1. Name of Limited Partnership	1a. DOCUMENT # A04553						
NSITE OF FLORIDA LTD. 4	#1						
Mailing Address 3270 S.W. 9 AVE. FT LAUDERDALE FL 33315	Principal Office Address 3270 S.W. 3 AVE. FT LAUDERDALE FL 33315	3270 S.W. 3 AVE.		3. Date Formed or Registered 10/24/1975 38. Date of Last Report 12/14/1995	5a. Capital Contributions as Shown on record. \$30,000.00		
2. Malling Address	2a. Principal Office Address	2a. Principal Office Address		4. State or Country of Formation to date.		₿.	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		6. FEI Number 59-1737870	Applied For Not Applicable		
City & State	City & State	City & State		7. Certificate of Status Desired	 		
Zip Country	Zip	Zip Country			Fee Required Aake check payable to: Dept. of State (See reverse side for fee information		
9. Name and Address of C	Purrent Registered Agent			10. If changed, new Registere	d Agent/Office		
BENTON, ROBERT T.		Name	Name 1 of 1				
3270 SW 3 AVE. FORT LAUDERDALE FL 33315		Street Add	<u> </u>	ox Number Is Not Acceptable)	N.	W.	
		City		FL Zip Code			
for the purpose of changing its registered of agent. I am familiar with, and accept the obling SIGNATURE (Registered Agent Accepting Appointment A GENERAL PARTNER TH	IAT IS A CORPORATION,	lorida. Such cha	PART	horized by its general partner(s). I her BTB DATE TNERSHIP OR OTHE	eby accept the	appointment of registered	
11. Name(s) of General Partner(s)	11a. (DANOTUSE FOR DIRECT OF THE PORT OF T		11b.	City, State & Zip Code	11c.	Registration/ Document Number	
BENTON, ROBERT	3270 SW 3 AVE.	3270 SW 3 AVE.		FT LAUDERDALE FL			
				800002: -12/27 ****3	0 400 73601 48.75	0588 125011 *****348.75	
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Note: General partners MAY	NOT be changed on this for	m; an am	endme	nt must be filed to ch	ange a ge	eneral partner.	
12. I do hereby certify that the information supplier Corporations from any liability of non-complian	d with this filing is voluntarily furnished and does see with Section 119.07(3)(k) in the event that the it my signature shall have the same legal effects	not qualify for the	e exemption plied is deer	stated in Section 119.07(3)(k), Florida ned exempt from public access. I furth er certify that I am a General Partner o	Statutes. I release or certify that the limited part	ase the Division of ne Information indicated or nership, receiver or truste	
SIGNATURE/\leq_0	but / i d	and,		DATE DATE	12-	11-40	
Typed or Printed Name of General Partner Signing Fo	m KOBERT.	9 EN 7	<u>-~</u>	Daytime Telephone Number 🗐	54-1	+63-253	

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