

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 Morham
Secretary of State
DIVISION OF CORPORATIONS

96 DEC 17 PM 3:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Name of Limited Partnership

1a. DOCUMENT #
A05258

WOODGATE MANOR ASSOCIATES, LTD.



12/19

Mailing Address

% RELATED SERVICES CORP.
2828 CORAL WAY, PENTHOUSE
MIAMI FL 33145

Principal Office Address

% RELATED SERVICES CORP.
2828 CORAL WAY, PENTHOUSE
MIAMI FL 33145

3. Date Formed or Registered

10/11/1976

5a. Capital Contributions as
Shown on record

\$550,000.00

3a. Date of Last Report

05/02/1996

5b. Amount of Capital
Contributions in FLORIDA
to date

4. State or Country of Formation

FL

6. FEI Number

22-2143903

☐ 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)

2. Mailing Address

8211 WEST Broward Blvd.

Suite, Apt. #, etc.

Suite # 350

City & State

Plantation, Florida

Zip

Country

33324 USA

2a. Principal Office Address

8211 WEST Broward Blvd.

Suite, Apt. #, etc.

Suite # 350

City & State

Plantation, Florida

Zip

Country

33324 USA

9. Name and Address of Current Registered Agent

LYONS, BEN H

C/O RELATED SERVICES CORP.

2828 CORAL WAY, PENTHOUSE

MIAMI FL 33145

10. If changed, new Registered Agent/Office

Name

Street Address (P.O. Box Numbers Not Acceptable)

8211 WEST Broward Blvd.

Suite, Apt. #, etc.

Suite # 350

City

Plantation

State

FL

Zip Code

33324

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)

[Signature]

DATE

12/12/96

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

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

ROSS, STEPHEN M.

THE RELATED COMPANIES, INC.

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

625 MADISON AVE.

625 MADISON AVE.

11b. City, State & Zip Code

NEW YORK NY

NEW YORK NY

11c. Registration/
Document Number

848954

900002035275--C
-12/20/95--01075--127
*****515.25 *****76.25

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

[Signature]

DATE

Typed or Printed Name of General Partner Signing Form STEPHEN M. ROSS

Daytime Telephone Number 954-474-6655