

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 12 PM 3:46



1. Name of Limited Partnership

1a. DOCUMENT #
A05266

CALIFORNIA FIRST, LTD.

Mailing Address

~~2320 NE 9TH ST., SUITE 800~~
~~FT. LAUDERDALE FL 33304~~

Principal Office Address

~~2320 NE 9TH ST., SUITE 800~~
~~FT. LAUDERDALE FL 33304~~

3. Date Formed or Registered

10/14/1976

5a. Capital Contributions as
Shown on record

\$635,000.00

3a. Date of Last Report

01/02/1996

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

4. State or Country of Formation

FL

6. FEI Number

59-1707804

☐ 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

We've moved to:
1650 S.E. 17th Street Causeway
Suite 204
Ft. Lauderdale, FL 33316-1735
(954) 524-2999/Fax (954) 524-6514

2a. Principal Office Address

We've moved to:
1650 S.E. 17th Street Causeway
Suite 204
Ft. Lauderdale, FL 33316-1735
(954) 524-2999/Fax (954) 524-6514

9. Name and Address of Current Registered Agent

FIRST FLORIDA MANAGEMENT ASSOCIATES

2320 NE 9TH ST., STE 300
FT. LAUDERDALE FL 33304

We've moved to:
1650 S.E. 17th Street Causeway
Suite 204
Ft. Lauderdale, FL 33316-1735
(954) 524-2999/Fax (954) 524-6514

10. If changed, new Registered Agent/Office

Name

Address (P.O. Box Number is Not Acceptable)

, etc.

FL Zip Code

10a. Pursuant to the provisions of sections 620.01 and 620.02, I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

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

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.**

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

1ST FLA. MANAGEMENT ASSO
MCCANDLESS PARTNERSHIP

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

2320 NE 9TH ST., STE
3945 FREEDOM CIR., #1

11b. City, State & Zip Code

FT. LAUDERDALE FL
SANTA CLARA CA

11c. Registration/
Document Number

G92330000250
G92351000362

300002031243--2
-12/17/96--01125--001
******288.12 ****288.12**

300002031243--2
-12/17/96--01125--002
******288.13 ****288.13**

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.

First Florida Management Associates, Ltd. General Partner

SIGNATURE **X**

Partner

DATE **12/11/96**

Typed or Printed Name of General Partner Signing Form

Thomas J. Ryan III

Daytime Telephone Number

954 524-2999

CR2E003 (6/96)