

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 Northam
Secretary of State
DIVISION OF CORPORATIONS

FILED

96 NOV -7 PH 3: 27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Name of Limited Partnership

HAMLET ESTATES LIMITED

1a. DOCUMENT #
A05613



Mailing Address

C/O THE HAMLET
14795 N.E. 18TH AVE.
NORTH MIAMI FL 33181

Principal Office Address

C/O THE HAMLET
14795 N.E. 18TH AVE.
NORTH MIAMI FL 33181

3. Date Formed or Registered
03/04/1977

5a. Capital Contributions as
Shown on record
\$1,000,000.00

3a. Date of Last Report
10/31/1995

4. State or Country of Formation
FL

5b. Amount of Capital
Contributions in FLORIDA
to date

2. Mailing Address

17094 Collins Avenue
Suite, Apt. #, etc.

2a. Principal Office Address

17094 Collins Avenue
Suite, Apt. #, etc.

City & State

MIAMI BEACH, FL.

City & State

MIAMI BEACH, FL.

Zip

33160

Country

U.S.A.

Zip

33160

Country

U.S.A.

6. FEI Number
59-1733241

☐ 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)

9. Name and Address of Current Registered Agent

WILDSTEIN, LEON
% HAMLET ESTATES, LTD.
14795 N.E. 18TH AVE.
N. MIAMI FL 33181

10. If changed, new Registered Agent/Office

Name

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

17094 Collins Avenue

Suite, Apt. #, etc.

City

MIAMI BEACH

FL

Zip Code
33160

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.

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

L.S.W., INC.

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

14795 N.E. 18TH AVE
17094 Collins Ave

11b. City, State & Zip Code

NORTH MIAMI FL
MIAMI BEACH, FL.

11c. Registration/
Document Number

525130

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-11/15/96--01091--038
****576.25 ****576.25

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

PRESIDENT

DATE

Typed or Printed Name of General Partner Signing Form

LEON WILDSTEIN

Daytime Telephone Number

01/24/96
(305) 945-1050

CR2E003 (6/96)