

**FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT
TO REVOCATION AND \$500 PENALTY FEE**

**LIMITED PARTNERSHIP
ANNUAL REPORT
1998**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
97 DEC 29 AM 9:47**

1. Name of Limited Partnership

**1a. DOCUMENT #
A07224**

CHATEAU NORMANDY, LTD.



Mailing Address

**9150 S.W. 87TH AVENUE
SUITE 205
MIAMI FL 33176**

Principal Office Address

**9150 S.W. 87TH AVENUE
SUITE 205
MIAMI FL 33176**

3. Date Formed or Registered

01/26/1979

3a. Date of Last Report

12/11/1996

4. State or Country of Formation

FL

**5a. Capital Contributions as
Shown on record**

\$355,000.00

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

2. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

2a. Principal Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. FEI Number

59-1885699

☐ 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

**SKORIC, PAUL U.
9150 SW 87TH AVENUE
SUITE 205
MIAMI FL 33176**

10. If changed, new Registered Agent/Office

Name

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

Suite, Apt. #, etc.

City

FL

Zip Code

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)

Paul U. Skoric

DATE 12/23/97

**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)

MINDEN MANAGEMENT ASSOCIATES

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

9150 SW 87TH AVE #205

11b. City, State & Zip Code

MIAMI FL

**11c. Registration/
Document Number**

G93029000019

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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

Paul U. Skoric

DATE 12/23/97

Typed or Printed Name of General Partner Signing Form

Paul U. Skoric

Daytime Telephone Number (305) 595-1518

CR2E003 (6/97)