

**FILE ON OR BEFORE APRIL 8, 1998 TO AVOID
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

98 APR -6 PM 3:45

1. Name of Limited Partnership

1a. DOCUMENT #
A08812

JOCKEY CLUB PHASE III, LTD.



Mailing Address

Principal Office Address

THREE GROVE ISLE DR.
SUITE 204
COCONUT GROVE FL 33133

THREE GROVE ISLE DR.
SUITE 204
COCONUT GROVE FL 33133

3. Date Formed or Registered

04/22/1980

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

\$1,230,000.00

3a. Date of Last Report

10/14/1996

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

4. State or Country of Formation

FL

2. Mailing Address

2a. Principal Office Address

445 Grand Bay Dr.

445 Grand Bay Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE PH1C

SUITE PH1C

City & State

City & State

KEY Biscayne, FL

KEY Biscayne, FL

Zip

Zip

33149 US

33149 US

6. FEI Number

59-1928354

☐ 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

**SITEK, GAYLE B
FOUR GROVE ISLE DR
COCONUT GROVE FL 33133**

10. If changed, new Registered Agent/Office

Name

IRIS CICERO

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

445 Grand Bay Dr. Ste 208

Suite, Apt. #, etc.

City

KEY Biscayne

State

FL

Zip Code

33149

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

3/31/98

**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)

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

11b. City, State & Zip Code

**11c. Registration/
Document Number**

MARGULIES, MARTIN Z

**3 GROVE ISLE DR.
445 Grand Bay Dr
Suite 208**

**COCONUT GROVE FL
KEY Biscayne FL 33149**

**600002488166--0
-04/14/98--01058--014
****526.25 ****526.25**

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I 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

DATE

2/20/98

MARTIN Z MARGULIES

CR2E003 (12/97)