(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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LIMITED PARTNERSHIP ANNUAL REPORT

1988

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE

FILED

1987 DEC 30 AM 8:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Read Instructions on Other Side Before Making Entries
Filing Fee Required — Make Checks Payable To: Department of State

1 Name and Mailing Address of Limited Partnership

A08820
BUENA VISTA REHABILITATION ASSOCIATES, LTD
2100 CORAL WAY
PENTHOUSE SUITE
MIAMI, FL 33145

If above address is incorrect in any way, enter the address in item 2, include Zip Code

2 Enter change of Address of Limited Partnership

Mailing Address

Principal Street Address

City

State Zip Code

3 Date Registered To Do Business in Florida: 04/23/1980

4 State or Country of Formation: FLORIDA

5 Amount of Capital Contributions $ $18,750.00

CAPITAL CONTRIBUTION IS DEFINED AS THE LIMITED PARTNERS CONTRIBUTIONS ONLY AS ORIGINALLY FILED OR LAST AMENDED WITH THIS OFFICE.

6 Filing fee is figured at the rate of $4.00 per thousand on CAPITAL CONTRIBUTION, but in no case shall the amount be less than $30.00 nor more than $250.00. For questions concerning capital contributions or filing fees please call (904) 487-6050. Please submit your 1988 Annual Report with a remittance of U.S. Dollars payable at par at a financial institution located in the U.S.

FOR FISCAL USE ONLY

01/21/88 00019 001
LIMITED PARTNERSHIPS AR'S $
LTD PARTNERSHIP 75.00

TOTAL 75.00

6a Name and Business Address of each General Partner

Names of General Partner(s)	Address of Each General Partner(s) (Do NOT Use Post Office Box Numbers)	City and State
RELATED HOUSING CO. OF FL	2100 CORAL WAY	MIAMI, FL

Note: General Partners MAY NOT be changed on this form; an Amendment must be filed to change a General Partner

REGISTERED AGENT INFORMATION

7 Name and Address of Registered Agent

Name: PEREZ, JORGE M.

Street Address (Do NOT Use P.O. Box Number): 1800 W 23RD STREET

Street Address (Do NOT Use P.O. Box Number): SUNSET ISLAND, NO. 3

City and State: MIAMI BEACH, FL

Zip Code: 331409999

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Note: The Registered Agent MAY NOT be changed on this form; an Amendment must be filed.

8 Signature: Stuart Meyers

Date: 12/29/87

Typed Name of Signing General Partner: STUART I. MEYERS

Title: V.P.

Telephone Number: (305) 854-1919

9 STATE OF Florida COUNTY OF Dade

BEFORE ME, this day personally appeared S.I. MEYERS who being sworn deposes and says that the statements contained in the foregoing Annual Report are true and correct.

SWORN TO AND SUBSCRIBED before me this 29th day of December, 1987

Notary Public, State of Florida at Large
My Commission Expires December 26, 1990
Bonded thru Agent's Notary Brokerage

My commission expires

FILE NOW! DUE ON OR BEFORE JANUARY 1, 1988.