(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

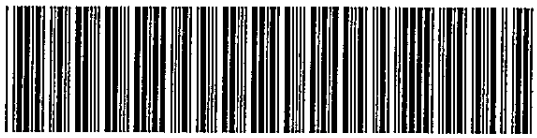
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100038005461

DUE DATE ON OR BEFORE JANUARY 1, 1987

LIMITED PARTNERSHIP ANNUAL REPORT

1987

FLORIDA DEPARTMENT OF STATE
George Firestone
Secretary of State
DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE

Read Instructions on Other Side Before Making Entries
Filing Fee Required — Make Checks Payable To: *Secretary 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

12/28/87 00040 004
LIMITED PARTNERSHIP AR 3.60
REGISTERED AGENT 75.00
LTD PARTNERSHIP
TOTAL 78.00

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

4. State or Country of Formation: FLORIDA

For Office Use Only
Document Examiner
Updater
Updater Verifier
Acknowledgement
W.P. Verifier
Filing Fee 75.00

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 1987 Annual Report with a remittance of U.S. Dollars payable at par at a financial institution located in the U.S.

FILED
1987 JAN 15 PM 1:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: JORGE M. PEREZ

Street Address (Do NOT Use P.O. Box Number): 1800 W. 23 ST., SUNSET ISLAND NO.3

City and State: MIAMI BEACH, FLORIDA

Zip Code: 33140

I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of Chapter 620 F.S.

7a. SIGNATURE: _____ (Registered Agent Accepting Appointment) DATE: 1/14/87

EFFECTIVE JANUARY 1, 1987, A REGISTERED AGENT AND AN ADDITIONAL FEE OF $3 IS REQUIRED

8. IMPORTANT-THIS SECTION MUST BE COMPLETED
Has this limited partnership amended its certificate to reflect an increase in the capital contributions since the last annual report? YES ☐ NO ☒

8a. IMPORTANT-THIS SECTION MUST BE COMPLETED
Have all amendments been filed with this office? (Note: If answer is NO, this report cannot be processed until all amendments have been filed.) YES ☒ NO ☐

Signature: _____ Date: 12/31/86

Typed Name of Signing General Partner: Stuart I Meyers

Title: V. President

Telephone Number: 854-1919

STATE OF Florida COUNTY OF Dade

BEFORE ME, this day personally appeared STUART 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 31st day of December 19 86

NOTARY PUBLIC STATE OF FLORIDA
MY COMMISSION EXP. OCT 20,1990
BONDED THRU GENERAL INS. UND.

My commission expires: _____ Notary Public: _____