(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

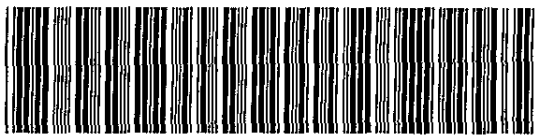
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300038005513

File Now! Due on or before January 1, 1992

LIMITED PARTNERSHIP
ANNUAL REPORT
1992

FLORIDA DEPARTMENT OF STATE
JIM SMITH
Secretary of State
DIVISION OF CORPORATIONS

FILED
1991 DEC 23 AM 12:07
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: DOCUMENT # A08820

CAR-RT SORT ** CR27

CR0001724

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

33145

If above address is incorrect in any way, line through the incorrect information and enter correct address in Block 2.

2. Enter Change of Address of Limited Partnership Mailing Address: 2828 Coral Way
Principal Street Address: Penthouse Suite
City: Miami
State: FL Zip Code: 33145

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

4. State or Country of Formation: FLORIDA

5a. Capital Contributions as Shown on Report: $18,750.00

5b. Actual Amount of Capital Contributions in FLORIDA:

6. Annual Report filing fee (payment at the rate of $.5 per thousand on ACTUAL CAPITAL CONTRIBUTION, but in no case shall the amount be less than $52.50 nor more than $337.50). For questions concerning filing fees please call (904) 487-6326. Please submit your 1992 Annual Report with a remittance of U.S. Dollars payable at par at a financial institution located in the U.S. Make check payable to: Department of State

FOR FISCAL USE ONLY
-12/26/91--00023--017
LIMITED PARTNERSHIP ANNUAL
LTD PARTNERSHIP----***:$1.25
TOTAL----------***:$1.25

7. Federal Employer Identification Number: 13-3031350
FEI Number Applied For
FEI Number Not Applicable
$8.75 Additional Fee required for a Certificate of Status
CERTIFICATE OF STATUS DESIRED ☐

8. Name and Business Address of Each General Partner

Names of General Partners	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

$20 12/23/91

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

REGISTERED AGENT INFORMATION

9. Name and Address of Current Registered Agent:

PEREZ, JORGE M.
1800 W. 23RD STREET
SUNSET ISLAND, NO. 3
MIAMI BEACH, FL
33140

If above address is incorrect in any way, line through the incorrect information and enter correct address in Block 10.

10. Name and Address of New Registered Agent:
Name:
Street Address 1 (Do NOT Use PO Box Number):
Street Address 2 (Do NOT Use PO Box Number):
City and State: FL
Zip Code:

11. Pursuant to the provisions of section 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: _____

12. I certify that the information indicated on this 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 or another person or entity duly authorized by the partnership as required by chapter 620, Florida Statutes.

SIGNATURE: [signature] DATE: 12/13/91

Typed Name of Individual Partner Signing Form: Jorge Perez
Telephone Number: (305) 460-9900

13. STATE OF Florida COUNTY OF Dade

BEFORE ME, this day personally appeared Jorge Perez III 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 13 day of December 19 91

My commission expires: NOTARY PUBLIC STATE OF FLORIDA MY COMMISSION EXP. JUNE 5,1995 BONDED THRU GENERAL INS. UND.

[signature] Notary Public

CR2E003 (7/91)