(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

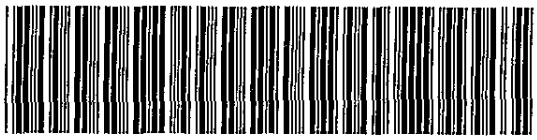
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900038005489

File Now! Due on or before January 1, 1989

LIMITED PARTNERSHIP
ANNUAL REPORT
1989

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

DO NOT WRITE IN THIS SPACE
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1988 DEC 23 PM 3:26
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

5a. Anticipated Capital Contributions as Shown on Receipt: $18,750.00
5b. Actual Amount of Capital Contributions:

6. Filing fee is figured at the rate of $1.00 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) 487-6056. Please submit your 1989 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

12/27/88 00129 003
LIMITED PARTNERSHIP ANNUAL
LTD PARTNERSHIP 75.00
TOTAL 75.00

8a. 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: 3314000000

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

OFFICE USE ONLY
Document Examiner
Updater: PB 12/23/88
Filing Fee

9. Signature
Date
Type or Print Name of Signing General Partner
Title
Telephone Number

9. STATE OF Florida COUNTY OF Dade

BEFORE ME, this day personally appeared Jorge Perez 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 21st day of December, 19 88

Elizabeth Hartman
Notary Public

My commission expires:

Notary Public, State of Florida at Large
My Commission Expires Feb. 24, 1992
Bonded thru Huckleberry