

FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO 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 DEC 29 PM 3:56 mtw 1/9 	
1. Name of Limited Partnership T. F. LTD		1a. DOCUMENT # A11156			
Mailing Address 717 PONCE DE LEON BLVD., SUITE 234 CORAL GABLES FL 33134		Principal Office Address 717 PONCE DE LEON BLVD., SUITE 234 CORAL GABLES FL 33134		3. Date Formed or Registered 09/15/1981 3a. Date of Last Report 12/30/1996 4. State or Country of Formation FL 5a. Capital Contributions as Shown on record \$112,000.00 5b. Amount of Capital Contributions in FLORIDA to date:	
2. Mailing Address Suite, Apt. #, etc. City & State Zip Country		2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country		6. FEI Number 59-2163645 ☐ 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 FABRE, FRANK R.S., ESQ. 717 PONCE DE LEON BLVD. SUITE 234 CORAL GABLES FL 33134		10. If changed, now Registered Agent/Office Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ Suite, Apt. #, etc. _____ City _____ FL Zip Code _____	
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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 _____

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) T.F. ENTERPRISES, INC.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 717 PONCE DE LEON BLV	11b. City, State & Zip Code CORAL GABLES FL	11c. Registration/Document Number F29507
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Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do 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 _____

MANUEL FELJOO

Typed or Printed Name of General Partner Signing Form _____

DATE _____

305-266-2296

Daytime Telephone Number _____

CR2E003 (6/97)