**FIL. 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
97 DEC 26 PM 2:58
# 118

1. Name of Limited Partnership: Tequesta Shoppes, Ltd.

1a. DOCUMENT # A 14041

Mailing Address / Principal Office Address:
1320 South Dixie Hwy #1061
Coral Gables, FL 33146

3. Date Formed or Registered: 02/18/1983

3a. Date of Last Report: 12/96

4. State or Country of Formation: FL

5a. Capital Contributions as Shown on record: 1,500,000

5b. Amount of Capital Contributions in FLORIDA to date:

2. Mailing Address / 2a. Principal Office Address

Suite, Apt. #, etc. / Suite, Apt. #, etc.

City & State / City & State

Zip / Country / Zip / Country

6. FEI Number: 59-2252024 ☐ 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 info)

9. Name and Address of Current Registered Agent:
Farbish, Howard J.
1320 So. Dixie Hwy #1061
Coral Gables, FL 33146

10. If changed, new Registered Agent/Office
Name
Street Address (P.O. Box Number is Not Acceptable)
State, Apt. #, etc.
City / FL / Zip Code

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 state 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) | 11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) | 11b. City, State & Zip Code | 11c. Registration/ Document Number |
|---|---|---|---|
| Farbish, Howard | 1320 S. Dixie Hwy | Coral Gables, FL | 33146 |
| Berman, David | 1320 S. Dixie Hwy | Coral Gables, FL | 33146 |
| Stahl, Harvey | 4304 Pace LeMans | Lutz, FL | 33549 |
| Swichkow, Bernard | 1320 S. Dixie Hwy | Coral Gables, FL | 33146 |

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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 effect as if made under oath. I further certify that I am a General Partner of the named partnership, receiver, trustee, or other court appointed fiduciary; or that I am otherwise empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE _____ DATE 12/23/97

Typed or Printed Name of General Partner Signing Form: HOWARD J FARBISH GP Daytime Telephone Number: 305-665-5303