

**FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

**LIMITED PARTNERSHIP
ANNUAL REPORT
1997**



FLORIDA DEPARTMENT OF STATE
Sandra Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 OCT -6 AM 9:24

1. Name of Limited Partnership

1a. DOCUMENT #
A14451

LINDGREN, LTD.



Mailing Address
**7600 RED ROAD
SUITE 223
SOUTH MIAMI FL 33143**

Principal Office Address
**7600 RED ROAD
SUITE 223
SOUTH MIAMI FL 33143**

3. Date Formed or Registered
05/06/1983

5a. Capital Contributions as
Shown on record
\$50.00

3a. Date of Last Report
09/28/1995

5b. Amount of Capital
Contributions in FL OR DA
to date:

4. State or Country of Formation
FL

6. FEI Number
59-2307864

☐ 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)

2. Mailing Address

**9400 S. DADELAND BLVD
702
MIAMI FLORIDA
33156 DADE**

2a. Principal Office Address

**9400 S. DADELAND BLVD
SUITE 702
MIAMI FLORIDA
33156 DADE**

9. Name and Address of Current Registered Agent

**SIMON, GARY P ESQUIRE
9100 S. DADELAND BLVD.
SUITE 504
MIAMI FL 33156**

10. If changed, new Registered Agent/Office

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, 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 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)

**JANIS - B & G INVESTMENTS, LTD.
N/C ONLY**

11a. Address of Each General Partner
(Do NOT Use Post Office Box Numbers)

7600 RED ROAD, #223

11b. City, State & Zip Code

MIAMI FL

11c. Registration/
Document Number

A07373

**000001974450--7
-10/15/96--01150--020
****200.00 ****200.00**

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

Typed or Printed Name of General Partner Signing Form

BERNARD JANIS

DATE

10/10/96

Daytime Telephone Number

305-670-6630

CP2E003 (6/96)