

FILE ON OR BEFORE APRIL 9, 1997 TO AVOID REVOCATION  
AND \$500 PENALTY FEE

LIMITED PARTNERSHIP  
ANNUAL REPORT  
1997



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

97 MAR 17 PM 3: 34



1. Name of Limited Partnership	1a. DOCUMENT # A16095
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Mailing Address 2121 PONCE DE LEON SUITE - PH CORAL GABLES FL 33134	Principal Office Address 2121 PONCE DE LEON SUITE - PH CORAL GABLES FL 33134
2. Mailing Address	2a. Principal Office Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

3. Date Formed or Registered 12/28/1983	5a. Capital Contributions as Shown on record \$750,000.00
3a. Date of Last Report 11/07/1995	5b. Amount of Capital Contributions in FLORIDA to date:
4. State or Country of Formation FL	
6. FEI Number 59-2347783	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. Certificate of Status Desired	<input type="checkbox"/> \$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 CLINTON INTERNATIONAL GROUP, INC. 2121 PONCE DE LEON PH-2 CORAL GABLES FL 33134	10. If changed, new 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) KENDALL SUMMIT, INC.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 168 SE FIRST ST., #12	11b. City, State & Zip Code MIAMI FL	11c. Registration/ Document Number V04598 <i>new ff R 3-17</i>
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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 in 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 	DATE
Typed or Printed Name of General Partner Signing Form	Daytime Telephone Number

CR2ED03 (11/96)