

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

97 DEC 17 AM 11:34



1. Name of Limited Partnership

1a. DOCUMENT #
A16783

ABKEY NO. 1, LIMITED

Mailing Address

P.O. BOX 330927
MIAMI FL 33233

Principal Office Address

7800 S.W. 104 ST.
MIAMI FL 33156

3. Date Formed or Registered

04/10/1984

5a. Capital Contributions as Shown on record

\$580,000.00

3a. Date of Last Report

12/17/1996

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

\$580,000

4. State or Country of Formation

FL

2. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

2a. Principal Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. FEI Number

59-2393270

☐ 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

**CORPORATION COMPANY OF MIAMI
1500 EDWARD BALL BUILDING
100 CHOPIN PLAZA
MIAMI FL 33131**

10. If changed, new Registered Agent/Office

Name

600002380196-6

Street Address (P.O. Box Number Is Not Acceptable)

12/23/97-01037-012
***541.25 ***541.25

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)

ABKEY NO. 1, INC.

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

3RD FL, 3444-48 MAIN Hwy

11b. City, State & Zip Code

COCONUT GROVE FL
33133

11c. Registration/Document Number

G56216

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

Betty Amos, President

DATE

12-1-97

Typed or Printed Name of General Partner Signing Form

Betty Amos, President

Daytime Telephone Number

305-442-4284

CP25003 (6/97)