

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

96 DEC 10 AM 9:57

with
12/12



1. Name of Limited Partnership

1a. DOCUMENT #
A17603

ORLANDO HILLS ASSOCIATES, LTD.

Mailing Address
**1201 BRICKELL AVE., SUITE 410
MIAMI FL 33131**

Principal Office Address
**1201 BRICKELL AVE., SUITE 410
MIAMI FL 33131**

3. Date Formed or Registered
08/06/1984

5a. Capital Contributions as
Shown on record.
\$9,648,875.00

3a. Date of Last Report
01/03/1996

5b. Amount of Capital
Contributions in FLORIDA
to date:
\$9,648,875.00

2. Mailing Address
1201 Brickell Ave.

2a. Principal Office Address
1201 Brickell Ave.

Suite, Apt. #, etc.
Suite 210

Suite, Apt. #, etc.
Suite 210

City & State
Miami, Florida

City & State
Miami, Florida

Zip Country
33131 USA

Zip Country
33131 USA

4. State or Country of Formation
NY

6. FEI Number
23-2322323

☐ 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

**SCHOTTENSTEIN, JEFFREY
1201 BRICKELL AVE., SUITE 410
MIAMI FL 33131**

10. If changed, new Registered Agent/Office

Name
Schottenstein, Jeffrey
Street Address (P.O. Box Number is Not Acceptable)
1201 Brickell Ave.
Suite, Apt. #, etc.
Suite 210
City
Miami

FL Zip Code
33131

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)

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

11b. City, State & Zip Code

11c. Registration/
Document Number

STANFORD EQUITY LIMITED PART

**1110 BRICKELL AVE., S
1201 Brickell Ave.
Suite 210**

MIAMI FL 33131

B94000000131

**500002027775--7
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****576.25 ****576.25**

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 and am authorized to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

Typed or Printed Name of General Partner Signing Form

Jeffrey Schottenstein
AS Rep. of Stanford Equity Corp.
G.P. of Stanford Equity Ltd. Partnership,
G.P. of Orlando Hills Assoc. Ltd.

DATE **12/4/96**

Daytime Telephone Number **305-371-2824**