## FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1998

CROW KINGS MEADOW ASSOCIATES, LTD.



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

SIGNATURE By

Typed or Printed Name of General Partner Signing Form Debovah L. Fist, ASSI. Sec.

1a. DOCUMENT # **A19201** 

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

97 DEC -5 AM 9: 39



| Malling Address   |                                       |  | 3. Date Formed or Registered                | <b>5a.</b> Capital Contributions as Shown on record. |  |
|---|---------------------------------------|--|---|--|--|
| 6400 CONGRESS AVENUE<br>SUITE 2000  |                                       |  | 02/22/1985<br>3a. Date of Lest Report       | \$477,024.00   |  |
| BOCA RATON FL 33487   | SUITE 2000<br>BOCA RATON FL 33487     |  | · ·   |  |  |
|   |                                       |  | 12/24/1996                                  | 5b. Amount of Capital<br>Contributions in FLORIDA    |  |
| 2. Malting Address  | 2a. Principal Office Address          |  | 4. State or Country of Formation            | to date:   |  |
| E Maining Additions   | Edi Tallopal Office Address           |  | FL  | -0-  |  |
| Suite, Apt. #, etc.   | Suite, Apt. #, etc.                   |  | 6. FEI Number                               |  |  |
|   |                                       |  |   | Applied For  |  |
| City & State  | City & State                          |  | 59-2591796 7. Certificate of Status Desired | ☐ Not Applicable                                     |  |
| Zip Country   | Z <sub>t</sub> p Country              |  | - Certificate of Status Desired             | \$8.75 Additional Fee Required                       |  |
|   |                                       | 8. Make check payable to: Dopt. of State (Soc reverse side for fee Information |   |  |  |
|   |                                       |  | ····  |  |  |
| 9. Name and Address of Current Registered Agent  FISH, DEBORAH L.   |                                       | 10. If changed, new Registered Agent/Office                                    |   |  |  |
|   |                                       | Name   |   |  |  |
|   |                                       | Street Address (P.O. Box Number is Not Acceptable)                             |   |  |  |
| 6400 CONGRESS AVENUE  | 2000 Suite, Apt. #. 6                 |  | ala   |  |  |
| SUITE 2000  |                                       |  | W, O(C.                                     |  |  |
| BOCA RATON FL 33487   |                                       | City FL 7ip Code   |   |  |  |
| SIGNATURE (Registered Agent Accepting Appointment) .  A GENERAL PARTNER THAT                                    | I IS A CORPORATION, LI                |  |   |  |  |
| 11. Namo(s) of Gonoral Partner(s)   | Address of Each General I             | Dode or  | City, State & Zip Code                      | 11c. Registration/                                   |  |
|   |                                       |  |   |  |  |
| CROW, TERWILLIGER & SPEICHER  | 6400 CONGRESS AVE.                    | 800  | CA RATON FL                                 | 689106   |  |
| •   |                                       |  | 900002<br>-12/12<br>*****                   | 2370759 0<br>278701066013<br>156.25 ****156.25       |  |
|   | -                                     |  |   |  |  |
| •   |                                       |  |   | VMIRA  |  |
| •   |                                       |  |   | L/ AA IA   |  |
| Note: General partners MAY NO   | T be changed on this form;            | an amendme   | ent must be filed to ch                     | ange a general partner.                              |  |
| 12. I do hereby certify that the information supplied with Corporations from any liability of non-compliance wi | · · · · · · · · · · · · · · · · · · · |  |   | <del></del>  |  |