

**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

98 DEC 26 PM 12:41

*umh*  
1/7

1. Name of Limited Partnership

1a. DOCUMENT #  
**A19659**

**STAR CREEK ASSOCIATES, LTD.**



Mailing Address

2828 CORAL WAY, PENTHOUSE SUITE  
MIAMI FL 33145

Principal Office Address

2828 CORAL WAY, PENTHOUSE SUITE  
MIAMI FL 33145

3. Date Formed or Registered

04/08/1985

5a. Capital Contributions as Shown on record

\$1,647,844.00

3a. Date of Last Report

11/14/1996

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

2. Mailing Address

2a. Principal Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. State or Country of Formation

FL

6. FEI Number

13-3311637

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

THE RELATED COMPANIES OF FLORIDA, INC.  
2828 CORAL WAY  
PENTHOUSE I  
MIAMI FL 33145

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)

THE RELATED COMPANIES OF FLO

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

2828 CORAL WAY, PH 1

11b. City, State & Zip Code

MIAMI FL

11c. Registration/Document Number

617998

200002394622--9  
-01/08/98--01095--028  
\*\*\*550.00 \*\*\*550.00

**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

*Angel Hernandez*

**ANGEL HERNANDEZ**  
VICE - PRESIDENT

DATE

12/23/97

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

3054609900

CP25003 (6/97)