

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 Morton
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 FEB 20 PM 2:22

1. Name of Limited Partnership

1a. DOCUMENT #
A 20007

PRINCE MANOR ASSOCIATES, Ltd.

Mailing Address

Principal Office Address

3. Date Formed or Registered

05/24/85

5a. Capital Contributions as
Shown on record.

\$4,350,000.

3a. Date of Last Report

12/13/85

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

4. State or Country of Formation

NO

2. Mailing Address

Republic Asset Management

2a. Principal Office Address

c/o Republic Asset Management

Suite, Apt. #, etc.

2550 Gray Falls Suite 400 2550 Gray Falls Suite 400

City & State

Houston, Texas

City & State

Houston, Texas

Zip

77077

Country

Zip

77077

Country

6. FEI Number

22-2389344

☐ 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

ESTEP, KAREN
C/O REPUBLIC MANAGEMENT INC.
5325 CURRY FORD ROAD
ORLANDO, FL 32812

10. If changed, new Registered Agent/Office

Name

400002094704--6

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

02/21/97-01099-014

Suite, Apt. #, etc.

*****8.75 *****8.75

City

400002094704--6

02/21/97-01099-017

***5000.00 ***5000.00

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 2/10/97

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)

Berg-Harquel Associates

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

One Executive Dr.

11b. City, State & Zip Code

Fort Lee, NJ

11c. Registration/
Document Number

697051900046

400002094704--6

02/21/97-01099-015

***185.00 ***185.00

REINSTATEMENT 87-97

400002094704--6

02/21/97-01099-016

***5000.00 ***5000.00

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

Thomas Wilson

DATE 2/13/97

Typed or Printed Name of General Partner Signing Form

Thomas Wilson

Daytime Telephone Number 508-922-0130

CR2E003 (8/96)