

**FILE ON OR BEFORE APRIL 9, 1997 TO AVOID REVOCATION  
AND \$500 PENALTY FEE**

**LIMITED PARTNERSHIP  
ANNUAL REPORT  
1997**



FLORIDA DEPARTMENT OF STATE  
Sandra Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

91 FEB 24 PM 2:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. Name of Limited Partnership

1a. DOCUMENT #  
**A20372**

**HARBOR SQUARE LIMITED PARTNERSHIP**

97-AR  
CM

Mailing Address

800 2ND AVENUE S. #1580  
MINNEAPOLIS MN 55402

Principal Office Address

800 2ND AVENUE S. #1580  
MINNEAPOLIS MN 55402

3. Date Formed or Registered

07/17/1985

5a. Capital Contributions as  
Shown on record.

\$0.00

3a. Date of Last Report

11/15/1995

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

4. State or Country of Formation

MN

2. Mailing Address

1421 East Wayzata Blvd.

2a. Principal Office Address

1421 East Wayzata Blvd.

Suite, Apt. #, etc.

Suite 210

Suite, Apt. #, etc.

Suite 210

City & State

Wayzata MN

City & State

Wayzata, MN

Zip

55391

Country

USA

Zip

55391

Country

USA

6. FEI Number

41-1522877

☐ 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

FARR, FARR, HAYMANS, MOSELEY, EMERICH, AND  
SIFRIT, P.A., ATTN: DAROL H. M. CARR, ESQ  
2315 AARON ST.  
PORT CHARLOTTE FL 33949

10. If changed, new Registered Agent/Office

Name

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

Suite, Apt. #, etc.

City

300002100203--2

02/27/97-01076-011

\*\*\*156.25 \*\*\*156.25

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

SILBERMAN, EDWARD B.

920 2ND AVE. S. #1580

MINNEAPOLIS MN 55402

SHERMAN, GEORGE E.

920 2ND AVE. S. #1580

MINNEAPOLIS MN 55402

BOOSALIS, NICK T.

920 2ND AVE. S. #1580

MINNEAPOLIS MN 55402

CONIARIS, PAUL A.

920 2ND AVE. S. #1580

MINNEAPOLIS MN 55402

1421 East Wayzata Blvd  
Suite 210

Wayzata, MN 55391

**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

DATE

2/17/97

Typed or Printed Name of General Partner Signing Form

Edward B. Silberman

Daytime Telephone Number

612-375-1064

CR2E003 (11/96)