

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
97 JAN -6 PM 4:11



1. Name of Limited Partnership

1a. DOCUMENT #
A20686

D & C - BARNETT PLAZA LTD.

Mailing Address

~~P.O. BOX 1477~~
~~FORT LAUDERDALE FL 33302-1477~~

Principal Office Address

790 EAST BROWARD BLVD. SUITE 200
CARIBANK BUILDING
FORT LAUDERDALE FL 33301

3. Date Formed or Registered

09/03/1985

5a. Capital Contributions as
Shown on record.

\$666,004.00

3a. Date of Last Report

01/18/1996

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

2. Mailing Address

1650 S.E. 17TH STREET

2a. Principal Office Address

Suite, Apt. #, etc.

310

Suite, Apt. #, etc.

City & State

FORT LAUDERDALE, FL

City & State

Zip

33316

Country

USA

Zip

Country

4. State or Country of Formation

FL

6. FEI Number

59-2652136

☐ 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

CURRAN, DERRANCE W.
790 EAST BROWARD BLVD.
SUITE 200
FT LAUDERDALE FL 33301

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)

CURRAN, DERRANCE W.
DWORS, ROBERT F.

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

~~606 RIVERA DRIVE~~
56 HANDRICKS BLVD
1629 NE 4TH COURT #2

11b. City, State & Zip Code

FORT LAUDERDALE FL
FORT LAUDERDALE FL

11c. Registration/
Document Number

600002058636--2
-01/15/97--01024--020
******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 empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

DATE

10-25-96

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

954 523 3344