

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 97 NOV 17 PM 2:09 	
1. Name of Limited Partnership GOVERNOR'S MANOR, LTD.		1a. DOCUMENT # A21115			
Mailing Address 2121 PONCE DE LEON PH2 CORAL GABLES FL 33134		Principal Office Address 2121 PONCE DE LEON PH2 CORAL GABLES FL 33134		3. Date Formed or Registered 10/30/1985	
2. Mailing Address 3225 AVIATION AVE. Suite, Apt. #, etc. 700 City & State COCONUT GROVE, FL Zip Country 33133 - USA		2a. Principal Office Address 3225 AVIATION AVE. Suite, Apt. #, etc. 700 City & State COCONUT GROVE, FL Zip Country 33133 - USA		3a. Date of Last Report 03/10/1997	
4. State or Country of Formation FL		5a. Capital Contributions as Shown on record. \$875,000.00		5b. Amount of Capital Contributions in FLORIDA to date:	
6. FEI Number 59-2597047		☐ 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 CLINTON INTERNATIONAL GROUP 2121 PONCE DE LEON PH2 CORAL GABLES FL 33134			10. If changed, now Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) 3225 AVIATION AVE. Suite, Apt. #, etc. 700 City COCONUT GROVE FL Zip Code 33133		
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) B.J.L. NO. 1, LTD.		11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 2121 PONCE DE LEON		11b. City, State & Zip Code CORAL GABLES FL 33134	
11c. Registration/Document Number A17875		100002352401-3 -11/19/97--01101--017 ****541.25 ****541.25 dec			

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 _____

Typed or Printed Name of General Partner Signing Form _____

Daytime Telephone Number _____

CR2E003 (6/97)