LIMITED PARTNERSHIP
ANNUAL REPORT
1994

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
93 NOV 25 AM 8:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
DO NOT WRITE IN THIS SPACE

1. Name and Mailing Address of Limited Partnership

TRIVEST OF FLORIDA, LTD.
2665 S. BAYSHORE DR.
SUITE 801
MIAMI FL 33133

1a. DOCUMENT # A21443

2. Enter Change of Mailing Address

City and State Zip Code

2a. Enter Principle Place of Business
2665 S. BAYSHORE DR.

City and State Zip Code
MIAMI FL 33133

If above address is incorrect in any way, line through the incorrect information and enter correct address in Block 2a.

Date Registered to Do Business in FLORIDA	3a. Date of Last Report	4. State or Country of Formation	5a. Capital Contributions as Shown on Record	5b. Amount of Capital Contributions in FLORIDA to date:
12/10/1985	12/30/1992	FL	$175781.00	$175,781

THE BASIC ANNUAL REPORT FILING FEE IS FIGURED AT THE RATE OF $7.00 PER THOUSAND ON THE ACTUAL CAPITAL CONTRIBUTION PLUS A SUPPLEMENTAL FEE OF $138.75 PURSUANT TO s.607.193, FLORIDA STATUTES, EFFECTIVE 7/1/92. THE FILING FEE SHALL BE NO LESS THAN $191.25 ($52.50 + $138.75) AND NO MORE THAN $576.25 ($437.50 + $138.75). For questions concerning filing fees, please call (904) 487-6056. Please submit your 1994 annual report with a check payable in U.S. funds through a U.S. bank to the Secretary of State.

Federal Employer Identification Number 592614626

☐ FEI Number Applied For
☐ FEI Number Not Applicable

$8.75 Additional Fee required for a Certificate of Status

CERTIFICATE OF STATUS DESIRED ☐

REGISTERED AGENT INFORMATION

8. Name and Address of Current Registered Agent

KLEIN PETER W.
2665 S. BAYSHORE DRIVE
8TH FLOOR
MIAMI FL 33133-5401

If above address is incorrect in any way, line through the incorrect information and enter correct address in Block 9.

9. Name and Address of New Registered Agent

Name

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

City FL Zip Code

Pursuant to the provisions of sections 620.1021 and 620.193 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 620.193 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.

Names of General Partner(s)	11a. Address of Each General Partner(s) (Do NOT use Post Office Box Numbers)	11b. City and State	11c. Registration/Document Number
TRIVEST, INC.	2665 S. BAYSHORE DR.	MIAMI FL	P10197

100002402571--9

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

I certify that the information indicated on this report complies with the requirements of Chapter 620 Florida Statutes. 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 11/23/93

TRIVEST, INC., general partner
By: Peter W. Klein, Secretary

Typed or Printed Name of General Partner Signing Above Telephone Number (305) 858-2200

CR0001526