**1ST NOTICE: DUE ON OR BEFORE DECEMBER 31, 1994**

LIMITED PARTNERSHIP
ANNUAL REPORT
**1995**

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

94 NOV 25 AM 8:37

Name of Limited Partnership

1a. DOCUMENT # A21443

**RIVEST OF FLORIDA, LTD.**

2. New Mailing Address, if Applicable

Suite, Apt. #, etc.

City, State & Zip

2a. New Principal Office Address, if Applicable

Suite, Apt. #, etc.

City, State & Zip

Mailing Address

2665 S. BAYSHORE DR.
SUITE 801
MIAMI FL 33133

Principal Office Address

2665 S. BAYSHORE DR.
SUITE 801
MIAMI FL 33133

Above addresses are incorrect in any way we must have correct information and attach correct address in Block 2 and/or 2a.

| Date Registered to Do Business in FLORIDA | 3a. Date of Last Report | 4. State or Country of Formation |
|---|---|---|
| 12/10/1985 | 11/30/1993 | FL |

| 5a. Capital Contributions as Shown on Record: | 5b. Amount of Capital Contributions in FLORIDA to date: | 6. FEI Number | Applied For / Not Applicable | 7. $8.75 Additional Fee required for a Certificate of Status |
|---|---|---|---|---|
| $175,781.00 | $ 175,781.00 | 59-2614626 | | ☐ |

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. THE FILING FEE SHALL BE NO LESS THAN $191.25 ($52.50 + $138.75) AND NO MORE THAN $575.25 ($437.50 + $138.75). For questions concerning filing fees, please call (904) 487-6056. Please submit your 1995 annual report with a check payable to the Secretary of State in U.S. funds through a U.S. bank.

| 9. Name and Address of Current Registered Agent | 10. If changed, new registered agent/office |
|---|---|
| KLEIN PETER W.<br>2665 S. BAYSHORE DRIVE<br>8TH FLOOR<br>MIAMI FL 33133-5401 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>Suite, Apt. #, etc.<br>City: FL — Zip Code |

8. 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.**

| 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 |

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

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)(i), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) 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 Marilyn D. Kuffner DATE 11/22/94

Trivest, Inc. By: Marilyn D. Kuffner, Assistant Secretary
FAX A.

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