File Now! Due on or before January 1, 198

LIMITED PARTNERSHIP
ANNUAL REPORT
1989

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

DO NOT WRITE IN THIS SPACE

Read Instructions on Other Side Before Making Entries
Filing Fee Required—Make Checks Payable To: *Department of State*

1. Name and Mailing Address of Limited Partnership

A21443
TRIVEST OF FLORIDA, LTD.
2665 S. BAYSHORE DR.
SUITE 801
MIAMI, FLA. 33133

If above address is incorrect in any way, enter the address in Item 2, include Zip Code.

2. Enter Change of Address of Limited Partnership
Mailing Address
Principal Street Address
City
State Zip Code

3. Date Registered to Do Business in Florida: 12/10/1985

4. State or Country of Formation: FLORIDA

5a. Authorized Capital Contributions as Shown on Record: $198.00

5b. Actual Amount of Capital Contributions: $72,855.00

6. Filing fee is figured at the rate of $4.00 per thousand on CAPITAL CONTRIBUTION, but in no case shall the amount be less than $30.00 nor more than $250.00. For questions concerning capital contributions or filing fees please call (904) 487-6056. Please submit your 1988 Annual Report with a remittance of U.S. Dollars payable at par at a financial institution located in the U.S.

FOR FISCAL USE ONLY

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6a. Name and Business Address of Each General Partner

Names of General Partner(s)	Address of Each General Partner(s) (Do NOT Use Post Office Box Numbers)	City and State
TRIVEST ~~ASSOCIATES~~, INC. Trivest Associates, Inc. amended its Certificate of Incorporation to change its name to TRIVEST, INC. This amendment was filed with the Secretary of State of Delaware on 5/6/87	2665 S. BAYSHORE DR. 801	MIAMI, FLA.

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Note: General Partners MAY NOT be changed on this form; an Amendment must be filed to change a General Partner.

REGISTERED AGENT INFORMATION

OFFICE USE ONLY
Document Examiner
Updater
Filing Fee

7. Name and Address of Registered Agent

Name: CT CORPORATION SYSTEM
Street Address (Do NOT Use P.O. Box Number): 8751 WEST BROWARD BLVD.
Street Address (Do NOT Use P.O. Box Number):
City and State: PLANTATION, FL
Zip Code: 3332400000

Note: The Registered Agent MAY NOT be changed on this form; an Amendment must be filed.

8. Signature: Peter W. Klein
Date: 10-17-88
Typed Name of Signing General Partner: Peter W. Klein
Title: VP/Secretary of Trivest, Inc., a Delaware corporation
Telephone Number: 305/858-2200

9. STATE OF Florida COUNTY OF Dade

BEFORE ME, this day personally appeared Peter W. Klein who being sworn deposes and says that the statements contained in the forgoing Annual Report are true and correct.

SWORN TO AND SUBSCRIBED before me this 17th day of October 19 88

My commission expires

NOTARY PUBLIC STATE OF FLORIDA
MY COMMISSION EXP. AUG. 9,1992
BONDED THRU GENERAL INS. UND.

Notary Public

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