...TED PARTNERSHIP ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra Mortham
Secretary of State
DIVISION OF CORPORATIONS

95 NOV -2 AM 9:08
...TALLAHASSEE, FLORIDA

1. Name of Limited Partnership
TRIVEST OF FLORIDA, LTD.

1a. DOCUMENT # **A21443**

DO NOT WRITE IN THIS SPACE

Mailing Address
2665 S. BAYSHORE DR.
SUITE 801
MIAMI FL 33133

Principal Office Address
2665 S. BAYSHORE DR.
SUITE 801
MIAMI FL 33133

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

If above addresses are incorrect in any way, line through the incorrect information and enter correct address in Block 2 and/or 2a.

3. Date Formed or Registered to Do Business in FLORIDA	3a. Date of Last Report	4. State or Country of Formation
12/10/1985	11/30/1994	FL

5a. Capital Contributions as Shown on Record:	5b. Amount of Capital Contributions in FLORIDA to date:	6. FEI Number
$175,781.00	175,781	59-2614626

7. CERTIFICATE OF STATUS REQUIRED — Applied For ☐ Not Applicable ☐ — $8.75 Additional Fee required for a Certificate of Status

8. FEES: 1.) Filing Fee: Computed at a rate of $7 per $1,000 on amount entered in 5b or 5a if 5b blank, with a minimum filing fee of $52.50 and a maximum of $437.50
2.) Supplemental Fee: $138.75 (pursuant to section 607.193, F.S.)
THE AMOUNT DUE SHALL BE NO LESS THAN $181.25 ($52.50 + $138.75) AND NO MORE THAN $576.25 ($437.50 + $138.75)
Note: If the amount entered in 5b is greater than amount entered in 5a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.
MAKE CHECK PAYABLE TO FLORIDA DEPT. OF STATE.

9. Name and Address of Current Registered Agent
KLEIN PETER W.
2665 S. BAYSHORE DRIVE
8TH FLOOR
MIAMI FL 33133-5401

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

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

300002402573--3

CR2E003 (6/95)

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)(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 Marilyn D. Kuffner DATE 11/1/96
Or Printed Name of General Partner Signing Form: Trivest Inc. By: Marilyn D. Kuffner, Asst. Secty. Telephone Number 305/858-2200