FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

DOCUMENT # **A21789**

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TB POLO LIMITED			₩12/3U	AITA 1911 BABIL BABIL BIBIL BIBIL BIBIL BABI	
Mailing Address C/O ARMOLD D.: SHEVIN + STROOCK & STROOCK 2601 NE 208 TERRACE., STE. 102 MIAMI FL 33180-1428	Principal Office Address C/O ARNOLD D. SHEVIN - STROOCK & STROOCK 2801 NE 200 TERRACE:: 67E: 192 MIAMI FL 83180 1428		3. Date Formed or Reg stered	5a. Capital Contributions as Shown on record \$315,000.00	
			12/20/1995	5b. Amount of Capital Contributions in FLOBIDA	
2. Mailing Address C/O GEORGE BROD	2a. Principa! Office Address C/O GEORGE BROD		4. State or Country of Formation	\$302,007.00	
FTTT PKANNE CONCOURSE SULTE 310 City & State	STITATI KANE CONCOURSE SUITE 310 City & State		6. FEI Number 59-2650722	Applied For Not Applicable	
BAY HARBOR ISLANDS, FL Zip Country	BAY HARBOR ISLANDS, FL Zip Country		7. Certificate of Status Desired	\$8.75 Additional Fee Required	
33154-2041	33154-2041		8. Make check payable to: Dept. c	of State (See reverse side for fee information	
9. Name and Address of Current F	Registered Agent	T	10. If changed, new Registere	ed Agent/Office	
BROD GEORGE		Name	TO. It can go at the transporter		
2801 NE 208 TERRAGE	GEORGE BI		RROD (P.O. Box Number Is Not Acceptable)	ROD Roy Number is Not Acceptable)	
9 U/7E 102		1111 K	ANE CONCOURSE		
MIAMI FL 23180-1428		Suite, Apt. #, etc	310		
WW 4111 7 E 00 100 17 E0		City		FL 33154-2041	
	——A——A——		RBOR ISLANDS		
10a. Pursuant to the provisions of sections 620:1051 and for the purpose of changing its registered office or re- agent. Lam familiar with, and accept the obligations.	egistered agent, or both, in the State of 16	ed Irnited partnersh orida. Such change i	ip organized or registered under the laws of t was authorized by its general partner(s). The	the State of Fiorida, submits this statemon reby accept the appointment of registered	
SIGNATURE (Registered Agent Accepting Appointment)					
A GENERAL PARTNER THAT I	BE REGISTERED AN	ID ACTIVE	ARTNERSHIP OR OTHE WITH THIS OFFICE.		
11. Name(s) of General Partner(s)	Address of Each Gener (Do NOT Use Post Office E	al Partner Box Numbers)	1b. City, State & Zip Code	11c. Registration/ Document Number	
CTB DEVELOPMENT CO. INC.	2801 N.E: 206 TERR. 1111 KANE CONCOUR SUITE 310	1111 KANE CONCOURSE B		M14723	
•			7/101(01)000 -01/00 ****	:0440478 3/37-01028020 68\$,00 ****585.00	
Note: General partners MAY NOT		4			

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

CTB DEVELOPMENT CO., INC.

tegal effects

PRESIDENT

GEORGE BROD,

made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee

(305) 867-7555

this amount report is true and accurate and that my signature shall have the st empowered to execute this report as required by chapter 620, Florida Statue

SIGNATURE.

Typed or Printed Name of General Partner Signing Form

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