

FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1999



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 JAN 20 AM 11:37



1. Name of Limited Partnership		1a. DOCUMENT # A22019	
NICOLE'S PLACE, LTD.			
Mailing Address	Principal Office Address		
P.O. BOX 402097 MIAMI BEACH FL 33140	P.O. BOX 402097 MIAMI BEACH FL 33140		
2. Mailing Address	2a. Principal Office Address		
Suite, Apt. #, etc	Suite, Apt. #, etc		
City & State	City & State		
Zip	Country		

3. Date Formed or Registered	5a. Capital Contributions as Shown on record
02/11/1986	\$990.00
3a. Date of Last Report	5b. Amount of Capital Contributions in FL ORIDA to date
12/18/1997	
4. State or Country of Formation	
FL	
6. FEI Number	☐ Applied For ☐ Not Applicable
59-2644435	
7. Certificate of Status Desired	☒ \$8.75 Additional Fee Required
8. Make check payable to: Dept. of State (See reverse side for fee information)	

9. Name and Address of Current Registered Agent	10. If changed, new Registered Agent/Office
FLORIDA KIDS CORPORATION 5446 NORTH BAY RD. MIAMI BEACH FL 33140	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
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

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
FLORIDA KIDS CORPORATION	5446 N. BAY RD.	MIAMI BEACH FL	485045
02/09/99-01112-005 *****150.00 *****150.00			

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

12. 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)(g), 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

DATE

11-15-98

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

CR2E003 (8/98)