

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 SEP 16 PM 1:40

**LIMITED PARTNERSHIP
ANNUAL REPORT
1997**



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

1. Name of Limited Partnership

1a. DOCUMENT #
A22666

SOUTH DIXIE, LTD.

97-AR
CM



Mailing Address

% S. HAYWARD WILLS
2525 SW 3RD AVE 203 B
MIAMI FL 33129

Principal Office Address

% S. HAYWARD WILLS
2525 SW 3RD AVE 203 B
MIAMI FL 33129

3. Date Formed or Registered

06/04/1986

5a. Capital Contributions as
Shown on record.

\$780,000.00

3a. Date of Last Report

09/28/1995

4. State or Country of Formation

FL

5b. Amount of Capital
Contributions in FLORIDA
to date:

\$780,000

2. Mailing Address

2a. Principal Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. FEI Number

59-2672459

☐ Applied For
☐ Not Applicable

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

WILLS, S. HAYWARD
2525 SW 3RD AVE
#203B
MIAMI FL 33129

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) *[Signature]*

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

WILLS, HAYWARD

2525 S.W. 3RD AVE. #2

MIAMI FL

KRUEGER, DOUGLAS A.

3550 BISCAYNE BLVD.#5

MIAMI FL

COHEN, JULIA

3550 BISCAYNE BLVD.#5

MIAMI FL

BLOOM, SAMUEL

11000 SW 75TH COURT

MIAMI FL

800001951448
-09/19/95--01023--021
***576.25 ***576.25

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)(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

[Signature]

DATE

9/11/96

Typed or Printed Name of General Partner Signing Form

HAYWARD WILLS

Daytime Telephone Number

305-859-8823

CR2E003 (6/96)