

**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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

97 JAN -3 AM 11:03

1. Name of Limited Partnership

**1a. DOCUMENT #
A22994**

COURTRUST ASSOCIATES, LTD.



Mailing Address
2701 S. BAYSHORE DRIVE
PENTHOUSE
COCONUT GROVE FL 33133

Principal Office Address
2701 S. BAYSHORE DRIVE
PENTHOUSE
COCONUT GROVE FL 33133

3. Date Formed or Registered
07/31/1986

**5a. Capital Contributions as
Shown on record.**
\$35.90

3a. Date of Last Report
04/09/1996

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

2. Mailing Address

2a. Principal Office Address

4. State or Country of Formation
FL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

6. FEI Number
59-2705602

☐ Applied For
☐ Not Applicable

City & State

City & State

7. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

Zip Country Zip Country

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

**ROTHSTEIN, LAWRENCE I.
2701 SO. BAYSHORE DRIVE
PENTHOUSE
COCONUT GROVE FL 33133**

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**

HMG CAPITAL CORP.

2701 S. BAYSHORE DRIV

COCONUT GROVE FL

M07050

SCHWARTZ, RICHARD

7850 NW 146TH STREET

MIAMI FL

WIENER, RICHARD N.

950 THIRD AVE.

NEW YORK NY

800002057978--7
-01/14/97--01153--009
****191.25 ****191.25

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

DATE 12/27/96

Typed or Printed Name of General Partner Signing Form **LAWRENCE ROTHSTEIN**

Daytime Telephone Number **(305) 854-6807**

CR2E003 (6/96)