## FILE ON OR BEFORE APRIL 9, 1997 TO AVOID REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra Mortham

Sanora Mortham

Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

SIGNATURE By:

Typed or Printed Name of General Partner String Form James M. Lieb, Vice President

na. DOCUMENT # **A23083** 

WILLIAMS ISLAND A PRIVATE CLUB LTD

97-AR

FILED

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SECRETARY OF STATE TALLAHASSEE, FLORIDA



	District Advantage		3. Date Formed or Registered	5a. Capita	l Contributions as
ailing Address 7900 ISLAND BLVD.	Principal Office Address 7900 ISLAND BLVD.		08/19/1986	5a. Capital Contributions as Shown on record.	
NORTH MIAMI BEACH FL 33160	NORTH MIAMI BEACH FL 33160		3a. Date of Last Report	493.00	
			12/27/1995  4. State or Country of Formation	5b. Amou Contri	nt of Capital butions in FLORIDA
2. Mailing Address	2a. Principal Office Address	2a. Principal Office Address Suite, Apt. #, etc.		Applied For Not Applicable	
uite, Apl. #, etc.	Suite, Apt. #, etc.				
ity & State	City & State	City & State			
ίρ Country •	Zip	Country  7. Certificate of Status Desired Status Desired Fee Required  8. Make check payable to: Dept. of State (See reverse side for fee informa			
Name and Address of Curren	t Paylistated Agent		10. If changed, new Registers	ed Apent/Office	
9. Name and Address of Current Registered Agent  MATUS, ALAN 7900 ISLAND BLVD.  NORTH MIAMI BEACH FL 33160		Name			
		Street Address (P.O. Box Number is Not Acceptable)			
		Sulte, Apt. #, etc.			
Oa. Pursuant to the provisions of sections 620,1051 and the purpose of changing its registered office or register familiar with, and accept the obligations of sections.	istered agent, or both, in the State of Florid	•			
the purpose of changing its registered office or reg I am familiar with, and accept the obligations of sec IGNATURE (Registered Agent Accepting Appointment) .	istered agent, or both, in the State of Florid ction 620.192, Florida Statutes.	med limited partnershi a. Such change was	authorized by its general partner(s). I hereby a  DATE  ARTNERSHIP OR OTHE	e State of Florid accept the appoi	a, submits this statemen ntment of registered age
the purpose of changing its registered office or reg Fam familiar with, and accept the obligations of sec IGNATURE (Registered Agent Accepting Appointment)  A GENERAL PARTNER THAT MUS	istered agent, or both, in the State of Florid ction 620.192, Florida Statutes.  IS A CORPORATION, T BE REGISTERED A	med limited partnershi la. Such change was LIMITED P. ND ACTIVE	authorized by its general partner(s). I hereby a  DATE  ARTNERSHIP OR OTHE	e State of Florid accept the appoi	a, submits this statemer ntment of registered age
the purpose of changing its registered office or reg Fam familiar with, and accept the obligations of sec IGNATURE (Registered Agent Accepting Appointment)  A GENERAL PARTNER THAT MUS	IS A CORPORATION, T BE REGISTERED AI  11a. (Do NOT Use Post Office  4000 ISLAND BLVD.	med limited partnershi la. Such change was LIMITED P. ND ACTIVE	DATE ARTNERSHIP OR OTHE WITH THIS OFFICE.	e State of Florid accept the appoil	a, submits this statement intment of registered age
I am familiar with, and accept the obligations of second and familiar with, and accept the obligations of second and accepting Appointment)  A GENERAL PARTNER THAT MUS  1. Name(s) of General Partner(s)  WHH, INC.	IS A CORPORATION, T BE REGISTERED AI  11a. (Do NOT Use Post Office  4000 ISLAND BLVD.	med limited partnershi la. Such change was LIMITED P. ND ACTIVE	DATE ARTNERSHIP OR OTHE WITH THIS OFFICE.  1b. City, State & Zip Code  NORTH MIAMI BEACH FL	ER BUSII	a, submits this statement intment of registered age  NESS ENTIT  Registration/ Document Number  80000002268

CRZEO

0001377

DATE March 11, 1997

Daytime Telephone Number (305) 937-7800