

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

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED PARTNERSHIP
ANNUAL REPORT
1997



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

1. Name of Limited Partnership

1a. DOCUMENT #
A23321

EQUITRUST SERIES 86-I MORTGAGE FUND, LTD.

97-AR
CM



Mailing Address
8070 NW 53RD ST
SUITE 105
MIAMI FL 33166

Principal Office Address
8070 NW 53RD ST
SUITE 105
MIAMI FL 33166

3. Date Formed or Registered
09/26/1986

5a. Capital Contributions as
Shown on record
\$537,500.00

3a. Date of Last Report
11/20/1995

5b. Amount of Capital
Contributions in FLORIDA
to date

4. State or Country of Formation
FL

\$537,500.00

2. Mailing Address
3127 Ponce de Leon Blvd.

2a. Principal Office Address
3127 Ponce de Leon Blvd.

Suite, Apt. #, etc
Suite 200

Suite, Apt. #, etc
Suite 200

City & State
Coral Gables, FL

City & State
Coral Gables, FL

Zip Country
33134-6816

Zip Country
33134-6816

6. FEI Number
59-2735268

☐ 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

10. If changed, new Registered Agent/Office

GOODMAN, RICHARD I.
SUITE 200

Name

~~8070 NW 53RD STREET~~
~~MIAMI FL 33166~~

3127 Ponce de Leon Blvd.
Coral Gables, FL 33134-6816

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

EQUITRUST ASSOCIATES

~~8070 NW 53RD ST, SUITE 105~~
3127 Ponce de Leon Blvd.
Suite 200

~~MIAMI FL~~
Coral Gables, FL
33134-6816

G93027000086

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-11/01/96--01022--016
****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

Richard I. Goodman

GB of Gen Partner

DATE October 21, 1996
(305) 567-9935

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

CR2E003 (6/96)