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
96 DEC 24 PM 12:16

1. Name of Limited Partnership

SEBASTIAN ASSOCIATES, LTD.

1a. DOCUMENT # **A23962**

Mailing Address
1001 W. CYPRESS CREEK RD #104
FT. LAUDERDALE FL 33309

Principal Office Address
1001 W. CYPRESS CREEK RD. #104
FT. LAUDERDALE FL 33309

3. Date Formed or Registered
12/30/1986

3a. Date of Last Report
12/11/1995

4. State or Country of Formation
FL

5a. Capital Contributions as Shown on Record
$1,645,000.00

5b. Amount of Capital Contributions in FLORIDA to date

2. Mailing Address
Suite, Apt. #, etc.
320
City & State
Zip Country

2a. Principal Office Address
Suite, Apt. #, etc.
320
City & State
Zip Country

6. FEI Number
59-2753216
☐ 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
NOBIL, JAMES H.
1001 W. CYPRESS CREEK RD.
SUITE 104
FT. LAUDERDALE FL 33309

10. If changed, new Registered Agent/Office
Name
Street Address (P.O. Box Number Is Not Acceptable)
Suite, Apt. #, etc.
320
City
FL
Zip Code

10a. Pursuant to the provisions of Section 620.1054 and 620.1907, 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 the general partner(s). I hereby accept the appointment of registered agent. I am familiar with and accept the obligations of section 620.1907, Florida Statutes.

SIGNATURE (Required if Agent Accepting Appointment) DATE 12/19/96

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
NOBIL, JAMES H	1001 W. CYPRESS CREEK	FT. LAUDERDALE FL 333	
NOBIL, LYNN	1001 W. CYPRESS CREEK	FT. LAUDERDALE FL 333	

12-31

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

12. I (We) hereby certify that the information supplied with this filing, if voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I (We) release the Division of Corporations from any liability of any kind in complying with Section 119.07(3)(i) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report, including but not limited to my signature, shall have the same legal effect as if made under oath; I further certify that I am a General Partner of the limited partnership required to be designated on this report, or the agent designated by Chapter 620, Florida Statutes.

SIGNATURE

Typed or Printed Name of Person Signing Above James H. Nobil

DATE 12/19/96

Daytime Telephone Number (954) 772-5320

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