

**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 Northam
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 MAR 31 AM 10:05



1. Name of Limited Partnership

1a. DOCUMENT #
A24539

CHAMBERS STREET LIMITED PARTNERSHIP

Mailing Address
**1201 BRICKELL AVENUE, SUITE 410
MIAMI FL 33131**

Principal Office Address
**1201 BRICKELL AVENUE, SUITE 410
MIAMI FL 33131**

3. Date Formed or Registered
05/18/1987

5a. Capital Contributions as
Shown on record
\$1,000.00

3a. Date of Last Report
01/03/1996

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

4. State or Country of Formation
OH

\$1,000.00

2. Mailing Address
1201 Brickell Ave.

2a. Principal Office Address
1201 Brickell Ave.

Suite, Apt. #, etc.
Suite 210

Suite, Apt. #, etc.
Suite 210

6. FEI Number
31-1237999

☐ Applied For
☐ Not Applicable

City & State
Miami, Florida

City & State
Miami, Florida

7. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

Zip Country
33131 USA

Zip Country
33131 USA

8. Make check payable to: Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent

**SCHOTTENSTEIN, JEFFREY M.
1201 BRICKELL AVENUE, SUITE 410
MIAMI FL 33131**

10. If changed, new Registered Agent/Office

Name
Schottenstein, Jeffrey
Street Address (P.O. Box Number is Not Acceptable)
1201 Brickell Ave.
Suite, Apt. #, etc.
Suite 210
City
Miami FL Zip Code
33131

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

SUPERIOR FURNITURE, INC.

1800 MOLER ROAD

COLUMBUS OH

*Amendment filed
3-31-97*

600002125
150397
03/31/97--01117--014
******243.75 ****191.25**

FFB 191.25
3-31

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

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

Jeffrey Schottenstein

12/4/96

(351) 371-2824