

**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

SEP 27 AM 9:20

1. Name of Limited Partnership

1a. DOCUMENT #  
**A24541**

**SUN COVE ASSOCIATES, LTD.**



Mailing Address  
**11900 BISCAYNE BLVD.  
SUITE 780  
N. MIAMI FL 33181**

Principal Office Address  
**11900 BISCAYNE BLVD. #780  
N. MIAMI FL 33181**

3. Date Formed or Registered  
**05/19/1987**

5a. Capital Contributions as  
Shown on record  
**\$301,000.00**

3a. Date of Last Report  
**12/19/1995**

5b. Amount of Capital  
Contributions in FL OR FLA  
to date.  
**\$1000.00**

2. Mailing Address  
**11900 Biscayne Blvd.  
Suite, Apt. #, etc.  
808**

2a. Principal Office Address  
**SAME  
Suite, Apt. #, etc.  
808**

4. State or Country of Formation  
**FL**

6. FEI Number  
**59-2046596**

☐ Applied For  
☐ Not Applicable

City & State  
**Miami, FL**

City & State

7. Certificate of Status Desired

☐ **\$8.75 Additional  
Fee Required**

Zip Country  
**33181**

Zip Country

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

**9. Name and Address of Current Registered Agent**

**KNOBEL, RICKIE  
11900 BISCAYNE BLVD.  
SUITE 780  
NORTH MIAMI FL 33181**

**10. If changed, new Registered Agent/Office**

Name  
**Rickie Knobel**  
Street Address (P.O. Box Number Is Not Acceptable)  
**11900 Biscayne Boulevard**  
Suite, Apt. #, etc.  
**808**  
City  
**N. Miami** Zip Code  
**FL 33181**

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

**KNOBEL, RICKIE**

**11900 BISCAYNE BLVD.**

**N. MIAMI FL**

**KNOBEL, MARTIN**

**1590 N.E. 102 ST. #30**

**N. MIAMI BEACH FL**

SEP 27 1996  
-12/27/95-01142-010  
\*\*\*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 20, Florida Statutes.

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

Typed or Printed Name of General Partner Signing Form \_\_\_\_\_

**Rickie Knobel**

Daytime Telephone Number \_\_\_\_\_

**305-892-8688**

CR2E003 (6/95)