

FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP  
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP  
ANNUAL REPORT  
1999



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
98 DEC 11 AM 11:13

1. Name of Limited Partnership

1a. DOCUMENT #  
A24541

SUN COVE ASSOCIATES, LTD.



Mailing Address

% RICKIE KNOBEL  
11900 BISCAYNE BLVD., #808  
MIAMI FL 33181

Principal Office Address

% RICKIE KNOBEL  
11900 BISCAYNE BLVD., #808  
MIAMI FL 33181

3. Date Formed or Registered

05/19/1987

3a. Date of Last Report

02/16/1998

4. State or Country of Formation

FL

5a. Capital Contributions as  
Shown on record.

\$301,000.00

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

\$1,000.00

2. Mailing Address

2000 Towerside Terr.

Suite, Apt. #, etc.  
# 1912

City & State

Miami, FL 33138

Zip  
33138

Country  
USA

2a. Principal Office Address

2000 Towerside Terr.

Suite, Apt. #, etc.  
# 1912

City & State

Miami, FL 33138

Zip  
33138

Country  
USA

6. FEI Number

59-2046596

☐ 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

KNOBEL, RICKIE  
11900 BISCAYNE BLVD., #808  
N. MIAMI FL 33181

10. If changed, new Registered Agent/Office

Name

Street Address (P.O. Box Number is Not Acceptable)

2000 Towerside Terrace

Suite, Apt. #, etc.  
# 1912

City

Miami

FL

Zip Code

33138

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)

KNOBEL, RICKIE

11a. Address of Each General Partner  
(Do NOT Use Post Office Box Numbers)

11900 BISCAYNE BLVD.  
2000 Towerside Tr.

11b. City, State & Zip Code

N. MIAMI FL  
Miami, FL 33138

11c. Registration/  
Document Number

500002716955--1  
-12/21/98--01006--014  
\*\*\*\*141.25 \*\*\*\*141.25

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

DATE

Typed or Printed Name of General Partner Signing Form

Rickie Knobel

Daytime Telephone Number 305-892-8688

CR2E003 (8/98)