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

LIMITED PARTNERSHIP ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra Mortham

Secretary of State

1997	DIVISION OF C	CORPORATIONS	66.650.10.1	" Sulle
1. Name of Limited Partnership	1a. DOCUMENT # A24878		96 DEC 19 A	かり: 32 12/27 Minimana Miniman Miniman
PINNAKER MARINA, LTD.				
lailing Address 1940 N.E. 135TH STREET	Principal Office Address 1940 N.E. 135TH STREET		3. Date Formed or Registered 07/16/1987	5a. Capital Contributions as Shown on record \$1,973,643-00
N. MIAMI FL 33181	n. Miami Fl 33181		3a. Date of Last Report 12/11/1995	5b. Amount of Capital Contributions in Ft ORIDA
2. Mailing Address	2a. Principal Office Address		4. State or Country of Formation	to date
Suite, Apt #, etc	Suite, Apt #, etc.	Suite, Apt #, etc.		Applied For Not Applicable
City & State	City & State		7. Certificate of Status Desired	\$8.75 Additional Fee Required
Zip Country	Zıp	Country	8. Make check payable to Dept	of State (See reverse side for fee informati
9. Name and Address of Co	urrent Registered Agent		10. It changed new Register	red Agent/Office
BOYANSKY, SYDNEY 1940 N.E. 135TH STREET NORTH MIAMI FL 33181		Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc.		
		City Zip Code		
agent I am familiar with, and accept the obli SIGNATURE (Registered Agent Accepting Appointme	ice or registered agent, or both, in the State of Figations of section 620 192, Florida Statutes INTIS A CORPORATION, UST BE REGISTERED A	LIMITED PA	DAT ARTNERSHIP OR OTH WITH THIS OFFICE.	ER BUSINESS ENTITY
11. Name(s) of General Partner(s)	11a, (Do NOT Use Post Office	eral Partner Box Numbers) 11	b. City, State & Zip Code	11c. Registratory Document Number
SPINNAKER MARINA, INC.	1940 N.E. 135TH ST.		N. MIAMI, FL 90002 -12/2	M47333 201396694 7/9601077020 576.25 ****\$76.25

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 this annual report is true and accurate and that this signature small make the second empowered to execute this reports required by chapter 620, Florida Statutes.

Typed or Printed Name of General Partner Signing Form

SIDNEY BOYANSKY

DATE: 14-17-96

Daytime Telephone Number 305-947-6088