

**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

97 JAN -9 AM 8:42



1. Name of Limited Partnership

1a. DOCUMENT #
A25136

HARBOR COVE ASSOCIATES, LTD., A CALIFORNIA LIMITED PARTNERSHIP

Mailing Address

800 NEWPORT CENTER DRIVE
SUITE 400
NEWPORT BEACH CA 92660

Principal Office Address

800 NEWPORT CENTER DRIVE
SUITE 400
NEWPORT BEACH CA 92660

2. Mailing Address

2a. Principal Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

3. Date Formed or Registered

09/08/1987

3a. Date of Last Report

02/27/1996

4. State or Country of Formation

CA

5a. Capital Contributions as Shown on record

\$2,395,000.00 ✓

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

6. FEI Number

33-0252147

☐ 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

SHERWOOD, JOSEPH H.
2500 MAITLAND CENTER PARKWAY
SUITE 105
MAITLAND FL 32751

Name

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

Suite, Apt. #, etc.

City

FL

Zip Code

10. If changed, new Registered Agent/Office

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)

CLAYTON, WILLIAMS & SHER

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

WOOD FIN. GROUP 87

11b. City, State & Zip Code

NEWPORT BEACH CA

11c. Registration/Document Number

P16306

500002061215--1
-01/17/97--01011--008
******138.75 ****138.75**

500002061215--1
-01/17/97--01011--022
******437.50 ****437.50**

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

Steven J. Sherwood, President

Daytime Telephone Number

(714) 640-4200

CR2E003 (6/96)