## 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
Secretary of State DIVISION OF CORPORATIONS untu 12/13 DIVISION OF CORPORATIONS DEC 12 PM 4: 00 **DOCUMENT#** 1. Name of Limited Partnership A25399 POLYNESIAN APARTMENTS ASSOCIATES, LTD. 3. Date Formed or Registered Capital Contributions as Shown on record. Mailing Address Principal Office Address 10/28/1987 2828 CORAL WAY 2828 CORAL WAY \$1,104,463.00 PENTHOUSE SUITE PENTHOUSE SUITE 3a. Date of Last Report MIAMI FL 33145 **MIAMI FL 33145** 03/21/1996 **5b.** Amount of Capital Contributions in FLORIDA 4. State or Country of Formation to date 2a. Principal Office Address 2. Mailing Address FL Suite, Apt. #, etc. Suite, Apt. #, etc. 6. FEI Number Applied For 65-0009605 🖵 Not Applicable City & State City & State \$8.75 Additional Fee Required 7. Certificate of Status Desired Zip Country 7in Country 8. Make check payable to: Dept. of State (See reverse side for fee information) 9. Name and Address of Current Registered Agent 10. If changed, new Registered Agent/Office PEREZ, JORGE M 2828 CORAL WAY Street Address (P.O. Box Number Is Not Acceptable) PH-1 Suite, Apt. #, etc. MIAMI FL 33145 Zip Code 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) A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. Registration/ Address of Each General Partner (Do NOT Use Post Office Box Numbers) 11. 11c. Name(s) of General Partner(s) 11b. City. State & Zip Code Document Numbe CRZE003 (6/96) THE RELATED COMPANIES OF FLO 2828 CORAL WAY, PH MIAMI FL 617998 300002030513--9 -12/17/96--01066--006 \*\*\*\*\*58\$.00 \*\*\*\*58\$.00

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

Typed or Printed Name of General Partner Signing Form

**ANGEL HEDNANDEZ**