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

1. Name of Limited Partnership

DOCUMENT# Ä26635

FILED 98 OCT 21 AM 8: 43 SECRETARY OF STATE TALLAHASSEE, FLORIDA

| | QQ. AR CM | | | J | | | |
|--|--|---|-----------------------------|---|--|---|--|
| R.D.J. 3 INVESTORS, LTD. | | | | | | | |
| Mailing Address 8262 NW 58 ST. MIAMI FL 33166 US | Principal Office Address 8262 NW 58 ST. MIAMI FL 33166 US 2a. Principal Office Address Suite, Apt. #, etc. | | | 3. Date Formed or Registered 06/24/1988 3a. Date of Last Report 12/09/1997 4. State or Country of Formation | ☐ Applied For | | |
| 2. Mailing Address Suite, Apt. #, etc. | | | | FL 6. FEI Number | | | |
| City & State Zip Country | City & State Zip Country | | | 65-0063958 7. Certificate of Status Desired 8. Make check payable to: Dept. of Status | \$8.75 Additional Fee Required of State (See reverse side for fee Information) | | |
| 9. Name and Address of Current Registered Agent RINCON, JAIME 5421 S.W. 154 COURT MIAMI FL 33166 | | 10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City Zip Code | | | | | |
| 10a. Pursuant to the provisions of sections 620,1051 am for the purpose of changing its registered office or agent. I am familiar with, and accept the obligations SIGNATURE (Registered Agent Accepting Appointment) | egistered agent, or both, in the State of Florid of section 620.192, Florida Statutes. | da. Such chang | PART | prized by its general partner(s). I hereby DATE DESCRIPTION OTHE | accept the ap | pointment of registered | |
| 11. Name(s) of General Partner(s) | Address of Each Genera | l Partner | 11b. | City, State & Zip Code | 11c. | Registration/ | |
| JIM'S MANAGEMENT CORP. | 8264 NW 58 ST | x Numbers) | | MI FL 33166 900021 -10/27 | M8 673: | 0036 4-5-91 1062012 ****526.25 | |
| Note: General partners MAY NOT 12. I do hereby certify that the information supplied with the Corporations from any liability of non-compliance with this annual report is true and accurate and that my sign empowered to execute this report as regulated by char | nls filing is voluntarily furnished and does not Section 119.07(3)(k) in the event that the inf mature shall have the same logal effects as it | qualify for the ormation suppl | exemption s lied is deem | tated in Section 119.07(3)(k), Florida Steed exempt from public access. I further | atutes, I relea- | se the Division of information indicated on | |

SIGNATURE. Typed or Printed Name of Seneral Partner Signing Form

Daytime Telephone Number 305 5139111