

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

96 DEC 27 PM 2:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Name of Limited Partnership:

1a. DOCUMENT #
A27034

PORT PROPERTY ASSOCIATES, LIMITED PARTNERSHIP



Mailing Address:
200 SOUTH PARK ROAD
SUITE 200
HOLLYWOOD FL 33021

Principal Office Address:
200 SOUTH PARK ROAD
SUITE 200
HOLLYWOOD FL 33021

3. Date Formed or Registered
09/12/1988

5a. Capital Contributions as
Shown on record
\$0.00

3a. Date of Last Report
12/20/1995

5b. Amount of Capital
Contributions in FLORIDA
to date:
\$0.00

2. Mailing Address

2a. Principal Office Address

4. State or Country of Formation
DE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

6. FEL Number
65-0079414

☐ Applied For
☒ Not Applicable

City & State

City & State

7. Certificate of Status Desired ☒ **\$8.75 Additional
Fee Required**

Zip

Country

Zip

Country

8. Make check payable to: Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent

**STOTZER, THEODORE R.
200 SOUTH PARK ROAD
SUITE 200
HOLLYWOOD FL 33021**

10. If changed, new Registered Agent/Office

Name

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

Suite, Apt. #, etc.

City

FL

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)

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)

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

11b. City, State & Zip Code

11c. Registration/
Document Number

STS PORT INVESTOR, L.P.

200 SOUTH PARK RD., #

HOLLYWOOD FL 33021

A27008

**900002048649--5
-01/07/97--01109--014
****400.00 ****200.00**

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.

By: **STS Port Investor, L.P., its gen. part., By: Hollywood STS Associates, L.P., its gen. part., By: Hollywood, Inc. (Del.), its gen. part.**

SIGNATURE

DATE **12/2/96**

Typed or Printed Name of General Partner Signing Form

Michael Swerdlow, President

Daytime Telephone Number **(954) 981-1000**