FILE ON OR BEFORE APRIL 7, 1999 TO AVOID REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

| 1999 | | Secretary of State DIVISION OF CORPOR | , | 99 APR -2 | AM 10: 50 | |
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| 1. Name of Limited Partnership | 1a. A2 | 1a. DOCUMENT # A27286 | | SECRETARY T ahi nahilahi | | |
| MIAMI BEACH VINTAGE | PROPERTIES, | III, LTD. | |) (1867) 18 18 18 18 18 18 18 18 18 18 18 18 18 18 | 194 1951 | |
| Mailing Address 1601 JEFFERSON AVE. MIAMI BEACH FL 33139 | | e Address ERSON AVE. ACH FL 33139 | | Date Formed or Registered | 5a. Capital Contributions as Shown on record | |
| minum penorite salas | WIRMI DEI | NOTITE SSIGN | | Date of Last Report 03/23/1998 State or Country of Formation | 5b. Amount of Capital Contributions in FL ORIDA to date. | |
| 2. Mailing Address | 2a. Principa | 2a. Principal Office Address | | FL | \$309,000.00 | |
| Suite, Apt. #, etc. City & State | Suite, Apt. #, | Suite, Apt. #, etc. | | 65-0081866 | Applied For Not Applicable | |
| Zip Country | Zip | | | Certificate of Status Desired Make check payable to Dept. c | \$8.75 Additional Fee Required If State (See reverse side for fee information) | |
| 9. Name and Address | s of Current Registered Agent | Name | 10 | . If changed, new Registered | Agent/Office | |
| CARVER, MICHAEL 1601 JEFFERSON AVE. MIAMI BEACH FL 33139 | | <u></u> | Street Address (P.O. Box Number is Not Acceptable) Suite, Apt #, etc | | | |
| 10a. Pursuant to the provisions of sections 6 for the purpose of changing its registere agent. I am familiar with, and accept the | ad office or registered agent, or bo | olh, in the State of Florida Such ch. | | | | |
| | - | -Iorida Statutes. | | | | |
| SIGNATURE (Registered Agent Accepting Appoi | intment) THAT IS A CORF | PORATION, LIMITE | D PARTNE | DATE RSHIP OR OTH | | |
| A GENERAL PARTNER | intment) THAT IS A CORF | | D PARTNE | DATE RSHIP OR OTH | | |
| A GENERAL PARTNER | THAT IS A CORF MUST BE REGI | PORATION, LIMITE STERED AND ACT | D PARTNE IVE WITH 1 | RSHIP OR OTH | ER BUSINESS ENTITY | |
| A GENERAL PARTNER 1. Name(s) of General Partner(s) | THAT IS A CORF MUST BE REGI 11a. (Do No. | PORATION, LIMITE STERED AND ACT dress of Each General Partner DT Use Post Office Box Numbers) | D PARTNE IVE WITH 1 11b. • | CATE RSHIP OR OTH THIS OFFICE. by State & Zip Code | ER BUSINESS ENTITY | |
| A GENERAL PARTNER 11. Name(s) of General Partner(s) POLAKOFF, STEVEN | THAT IS A CORF MUST BE REGI: 11a. (Do No. | PORATION, LIMITE STERED AND ACT dress of Each General Partner Of Use Post Office Box Numbers) EUCLID AVE | D PARTNE IVE WITH 1 11b. • MIAMI | RSHIP OR OTH FHIS OFFICE. BY State & Zip Code BEACH FL BEACH FL BRUNSWICK NJ | ER BUSINESS ENTITY | |
| A GENERAL PARTNER 11. Name(s) of General Partner(s) POLAKOFF, STEVEN CARVER, MICHAEL | THAT IS A CORF MUST BE REGI: 11a. (Do No. | PORATION, LIMITE STERED AND ACT dress of Each General Partner DT Use Post Office Box Numbers) EUCLID AVE | D PARTNE IVE WITH 1 11b. • MIAMI | RSHIP OR OTH FHIS OFFICE. BEACH FL | ER BUSINESS ENTITY | |
| A GENERAL PARTNER 11. Name(s) of General Partner(s) POLAKOFF, STEVEN CARVER, MICHAEL KAMEL, PATRICIA | THAT IS A CORF MUST BE REGIS 11a. (Do No. 1520 I 1520 I 22 KE | PORATION, LIMITE STERED AND ACT dress of Each General Partner OT Use Post Office Box Numbers) EUCLID AVE EUCLID AVE | D PARTNE IVE WITH 1 11b. or MIAMI MIAMI EAST E | RSHIP OR OTH THIS OFFICE. BEACH FL BEACH FL BRUNSWICK NJ | ER BUSINESS ENTITY 11c. Registration/ Document Number | |
| A GENERAL PARTNER 11. Name(s) of General Partner(s) POLAKOFF, STEVEN CARVER, MICHAEL KAMEL, PATRICIA Note: General partners MA 12. I do hereby certify that the information supp | THAT IS A CORF MUST BE REGIS 11a. (Do No. 1520 I) 1520 II 22 KE Y NOT be changed and the same logal effects of same logal effects of same logal effects. | PORATION, LIMITE STERED AND ACT dress of Each General Parlner of Use Post Office Box Numbers) EUCLID AVE EUCLID AVE VIN ROAD I on this form; an am raished and does not qualify for the at the information supplied is doesne | D PARTNE IVE WITH 1 11b. or MIAMI MIAMI EAST E | RSHIP OR OTH THIS OFFICE. BEACH FL BRUNSWICK NJ STUDIES OF STUDI | Ange a general partner, atules I release the Division of Corporations in Information indicated on this annual reportship, receiver or trustee empowered to | |
| POLAKOFF, STEVEN CARVER, MICHAEL KAMEL, PATRICIA Note: General partners MA 12. I do hereby certify that the information supprom any liability of non-compliance with Se is true and accurate and that my signature | THAT IS A CORF MUST BE REGIS 11a. (Do No. 1520 I) 1520 II 22 KE Y NOT be changed and the same logal effects of same logal effects of same logal effects. | PORATION, LIMITE STERED AND ACT dress of Each General Parlner of Use Post Office Box Numbers) EUCLID AVE EUCLID AVE VIN ROAD I on this form; an am raished and does not qualify for the at the information supplied is doesne | D PARTNE IVE WITH 1 11b. or MIAMI MIAMI EAST E | RSHIP OR OTH THIS OFFICE. BEACH FL BRUNSWICK NJ STUDIES OF STUDI | ange a general partner. Littles I release the Division of Corporations to information indicated on this annual report ship, receiver or trustee empowered to | |