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

1. Name of Limited Partnership

1a. DOCUMENT # **A27403**

200 N.E. 3RD AVENUE BANK LTD.

"FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

97 JAN -2 AM 8: 17



** GERALD W. GRITTER (IO) ACRITTER (IO) CONCINEAST THERE AVENUE SUITE 1100 FT. LAUDERDALE FL. 303001 FT. LAUDERDALE FL. 30					
Secretary Secr		% Gerald W. Gritter 100 Northeast Third Avenue. Suite 1100		••	\$891,000.00
28. Principal Office Address Suite, Apt #, obc. Suite City & State To Country Sine And example of State				3a. Date of Last Report 12/28/1995	
Suite, Apt #, etc. City & State City & State Country Zip Country Zip Country Zip Country Zip Country Zip Country R, Mane and Address of Current Registered Agent 10. If changed in the Check paperate to Dept of State (She recovers side to fee information) 9, Name and Address of Current Registered Agent 10. If changed in the Check paperate to Dept of State (She recovers side to fee information) Sheet Address of Current Registered Agent 10. If changed in the Check paperate to Dept of State (She recovers side to fee information) Sheet Address of Current Registered Agent (Chica State (She recovers side to fee information) Sheet Address of Current Registered Agent (Chica State (She sheet) Sheet Address (P.O. Box Number to Not Acceptable) Sulfe, Apt. #, etc. Coy FL Zip Code To Code The Code T	2. Mailing Address	2a. Principal Office Address		1 '	to date:
City & State Country Zip Country Zip Country R. Make check payable to Dept of State (See reviews did not be information)	Suite, Apt. #, etc.	Suite, Apt. #, etc.		6. FEI Number 59-2590771	Applied For
Second	City & State	City & State		7. Certificate of Status Desired	\$8,75 Additional
EMO CORPORATE SERVICES, INC. 100 NORTHEAST THIRD AVENUE SUITE 1100 FORT LAUDERDALE FL 33301 10a. Pursuant to me provisions of sections 670 1051 and 620,192, Florica Statutes, the above named limited partnership organized or registered under the lines of the State of Florida, submits this statement for the purpose of charging as registered under the internation of execute of the complete designed or designed of execute of the complete designed or designed of execute of the state of Florida, submits this statement for the purpose of charging as registered under the lines of the State of Florida, submits this statement for the purpose of charging as registered under the lines of the State of Florida, submits this statement for the purpose of charging as registered under the lines of the State of Florida, submits this statement for the provision of the state of Florida, Submits this statement for the provision of the state of Florida, Submits this statement of the state of Florida Submits this statement of the sta	Zip Country	Zip	Country	8. Make check payable to: Dept.	
EMO CORPORATE SERVICES, INC. 100 NORTHEAST THIRD AVENUE SUITE 1100 FORT LAUDERDALE FL 33301 10a. Pursuant to me provisions of sections 670 1051 and 620,192, Florica Statutes, the above named limited partnership organized or registered under the lines of the State of Florida, submits this statement for the purpose of charging as registered under the internation of execute of the complete designed or designed of execute of the complete designed or designed of execute of the state of Florida, submits this statement for the purpose of charging as registered under the lines of the State of Florida, submits this statement for the purpose of charging as registered under the lines of the State of Florida, submits this statement for the purpose of charging as registered under the lines of the State of Florida, submits this statement for the provision of the state of Florida, Submits this statement for the provision of the state of Florida, Submits this statement of the state of Florida Submits this statement of the sta	Q. Name and Address of Curren	t Panistered Scent	T	10 If changed, new Register	ed Agent/Office
Street Address (P.O. Box Number is Not Acceptable) Sulfic 1100 FORT LAUDERDALE FL 33301 To the purpose of changing its registered disce or registered agent. or both in the State of Prodia. Submits this statement to the provisions of sections 620 102, Florida Statutes, the above named limited partimenthy organized or registered under the laws of the State of Prodia. submits this statement to the provisions of sections 620 102, Florida Statutes, the above named limited partimenthy organized or registered under the laws of the State of Prodia. submits this statement to the provisions of the state of Prodia. Such change was authorized by its general partner(s): I hereby accept the approximent of 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. 11. Name(s) of General Partner(s): 11a. (On NOT Use Fast Office Scat Numbers) 11b. (Dr. State & Zip Code 11c. Registration) CONDOR MANAGEMENT, INC. 10 N.E. 3RD ST. FT. LAUDERDALE FL G22540 Note: General partners MAY NOT be changed on this form; an amendment must be filled to change a general partner. 12. I do needly certify that the information supplied with this jugg is voluntarily furnished and does not qualify for the examption stated in Section 119 07(3)(k), Florida Statutes. I release the Division of this annual reports in the annual register size in a fine under oath. Hurger certify that I am a General Partner of the Information indicated on this annual register size in a fine under oath. Hurger certify that I am a General Partner of the Information indicated on this appoint size of a fine accepting for Chapter of Purple of Pigled Name of General Partner of the Information indicated on this general regists in the annual register size in a fine under oath. Hurger certify that I am a General Partner of the Information indicated on this general partner. Fyeld or Pigled Name of General Partner of the Information indicated on the partner					
Total Lauderpale FL 33301 Cay FL Zep Code Total Date FL 33301 Cay FL Zep Code			Street Address (P.O. Box Number is Not Acceptable)		
10a, Pursuant to the provisions of sections 620-1051 and 620-102. Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Piorida, submits this statement for the purpose of changing is registered office or registered system. In the State of Piorida, Such change was authorized by its general partnership. 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. 11. Name(s) of General Partner(s) 11a. (polytocologic Section State Sta			Suite, Apt. #, etc.		
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 to the purpose of changing its registered office or registered spant. or both, in the State of Florida. Such change was authorized by its general partner(s) in 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. 11. Name(s) of General Partner(s) 11a. (An degree of Fact General Partners) 11b. City, State & Zip Code 11c. Registration/ Decrement Number 11b. City, State & Zip Code 11c. Decrement Number 11b. City, State & Zip Code 11c. Decrement Number 11d. Name(s) of General Partners MAY NOT be changed on this form; an amendment must be filled to change a general partner. 12c. I do hereby centry that the information supplied with this Ling is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(s). Florida Statutes. I release the Division of Corporations from any stablety of non-compliance by all Seption 119.07(3)(s) in the event that here the register information supplied is deemed exempt from public access. In other certry that the information indicated on this annual reports in the and accorpt and that yet signature that here the register defects as it made under cont. In the given certify that I am a General Partner of the information indicated on this annual reports in the analysis and accorpt and that yet signature that here the same legic effects as it made under cont. In the given certify that I am a General Partner of the information indicated on this annual reports in the analysis and accorpts and the property of			Crty Zip Code		
Note: General partners MAY NOT be changed on this form; an amendment must be filled to change a general partner. 12. Ido horeby certify that the information supplied with this Ling is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(N). Florida Statutes. I release the Division of Corporations from any wability of non-compliance your 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 arrival report is flue and accyrdin and that prify significant 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 of required by chapter 50. Florida Statutes. SIGNATURE Typed or Prigued Name of General Partner Signing form Deptime Telephone Number	MUS	T BE REGISTERED AN	D ACTIV	E WITH THIS OFFICE.	Positivation
Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner. 12. Ido horeby certify that the information supplied with this Ling 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 kability of non-compliance with Selficion 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 accuming and that juty significe 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 of requires by charler 620, Florida Statutes. SIGNATURE Typed or Prigited Name of General Partner Signing form Description Date 11 - 11 - 96 954 - 7779 - 71000	11. Name(s) of General Partner(s)	118. (Do NOT Use Post Office B	ox Numbers)		DOCUMENT (40 MDC)
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 Ling 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 significant 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 at required by chapter 620, Florida Statutes. SIGNATURE DATE Typed or Pribled Name of General Partner Signing form Daytime Telephone Number	CUNDUK MANAGEMENI, INC.	IU N.E. SHU ST.		90000; -01/: ***	2058099—-0 [4/9701153028
12. I do hereby certify that the information supplied with this Ling 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(5)(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 significant 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 at required by chapter 620, Florida Statutes. SIGNATURE DATE Typed or Pribled Name of General Partner Signing form Daytime Telephone Number	Note: Consideration MAY NO		<u>a</u>		00 A8C
Typed or righed warne or deneral ratties against your		IT ha changad on this fort	m· on om/		hange a general partner. 🕨
0008065	Corporations from any liability of non-compliance withis annual report is true and accurate and that my empowered to execute this report as required by compowered to execute this report as required to execute the respective to the results of th	h this fing is voluntarily furnished and does not Serlion 119.07(3)(k) in the event that the isignature sha'l have the same legal effects a harder 620, Florida Statutes.	not qualify for the information supply if made under	exemption stated in Section 119.07(3)(k), Flori illed is deemed exempt from public access. I fu oath. I further certify that I am a General Partne	da Statutes. I release the Division of rither certify that the information indicated on r of the limited partnership, receiver or trustee