

FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

**LIMITED PARTNERSHIP
ANNUAL REPORT
1998**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 DEC 17 AM 11:08



1. Name of Limited Partnership

1a. DOCUMENT #
A28032

95 RIVERSIDE, LTD.

Mailing Address

**7601 S.W. LOST RIVER ROAD
STUART FL 34997**

Principal Office Address

**7601 S.W. LOST RIVER ROAD
STUART FL 34997**

3. Date Formed or Registered

03/09/1989

5a. Capital Contributions as Shown on record

\$1,705,079.00

3a. Date of Last Report

12/13/1996

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

\$1,705,079.00

4. State or Country of Formation

FL

6. FEI Number

65-0106215

☐ Applied For
☐ Not Applicable

7. Certificate of Status Desired

☒ **\$8.75 Additional Fee Required**

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

2. Mailing Address

8525 NW 53 Terrace

Suite, Apt. #, etc.

Suite 206

City & State

Miami, FL

Zip

33166

Country

2a. Principal Office Address

8525 NW 53 Terrace

Suite, Apt. #, etc.

Suite 206

City & State

Miami, FL

Zip

33166

Country

9. Name and Address of Current Registered Agent

**MARTIN TABOR & ASSOCIATES
7601 S.W. LOST RIVER ROAD
STUART FL 34997**

10. If changed, now Registered Agent/Office

Martin Tabor & Associates

8525 NW 53 Terrace

Suite, Apt. #, etc.

Suite 206

City

Miami

FL

Zip Code

33166

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]
DAYONE (Registered Agent Accepting Appointment)

DATE 12/15/97

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)

SURI, INC.

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

1500 SAN REMO AVE.,S.

11b. City, State & Zip Code

CORAL GABLES FL

11c. Registration/Document Number

K64161

**700002380307-8
-12/23/97-01049-004
****550.00 ****550.00**

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 **[Signature]** **SURI, INC.**
G.P.

Typed or Printed Name of General Partner Signing Form

Martin A. Tabor

DATE

12/15/97

Daytime Telephone Number

(305) 471-7767

CR2E003 (5/97)