

**FILE ON OR BEFORE APRIL 9, 1997 TO AVOID REVOCATION
AND \$500 PENALTY FEE**

**LIMITED PARTNERSHIP
ANNUAL REPORT
1997**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

97 APR 10 PM 3:46

1. Name of Limited Partnership

1a. DOCUMENT #
A28086

7 & 27 AVENUE LIMITED



\$541.25

Mailing Address

1110 BRICKELL AVE., 7TH FLOOR
MIAMI FL 33131

Principal Office Address

1110 BRICKELL AVE., 7TH FLOOR
MIAMI FL 33131

3. Date Formed or Registered

03/22/1989

5a. Capital Contributions as
Shown on record.

\$133,333.33

3a. Date of Last Report

12/13/1995

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

4. State or Country of Formation

FL

6. FEI Number

65-0113762

☐ 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

4191 N.W. 26th St

Suite, Apt. #, etc.

Apt 375

City & State

Lauderhill, FL

Zip
33313

Country
U.S.A.

2a. Principal Office Address

4191 N.W. 26th St

Suite, Apt. #, etc.

Apt 375

City & State

Lauderhill, FL

Zip
33313

Country
U.S.A.

9. Name and Address of Current Registered Agent

LEVINE, ROBERT J ESQ.

1110 BRICKELL AVE., 7TH FLOOR

MIAMI FL 33131

10. If changed, new Registered Agent/Office

Name

Ramkisson, Rattan

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

4191 N.W. 26th St.

Suite, Apt. #, etc.

Apt 375

City

Lauderhill, FL

Zip Code

33313

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)

27TH AVENUE MANAGEMENT, INC.

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

1110 BRICKELL AVENUE,

11b. City, State & Zip Code

MIAMI FL 33131

11c. Registration/
Document Number

P95000083756

400002144824--2
-04/16/97--01049--016
***541.25 ***541.25

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

DATE

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

CR2E003 (11/96)