

**FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



9/11/15



LIMITED PARTNERSHIP
ANNUAL REPORT
1997

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

1. Name of Limited Partnership
1a. DOCUMENT #
A28504

6TH AVENUE AND 17TH STREET PARTNERSHIP, LIMITED

Mailing Address
333-17TH STREET
SUITE 2 R
VERO BEACH FL 32960

Principal Office Address
333-17TH STREET
SUITE 2 R
VERO BEACH FL 32960

3. Date Formed or Registered
06/20/1989

3a. Date of Last Report
12/04/1995

4. State or Country of Formation
FL

5a. Capital Contributions as Shown on record
\$416,000.00

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

6. FEI Number
65-0127487 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
Suite, Apt. #, etc.
City & State
Zip Country

2a. Principal Office Address
Suite, Apt. #, etc.
City & State
Zip Country

9. Name and Address of Current Registered Agent
KUTSCHINSKI, RONALD C.
333-17TH STREET
SUITE 2 R
VERO BEACH FL 32960

10. If changed, new Registered Agent/Office

Name

Street Address (P.O. Box Number is Not Acceptable)
1826 US Highway #1

Suite, Apt. #, etc.

City **Vero Beach** FL Zip Code **32960**

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
RONALD C. KUTSCHINSKI	1220 INDIAN MOUND TR	VERO BEACH FL	
NORMAN E. MILLER, JR.	PO BOX 1946	VERO BEACH FL	

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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 *Ronald C. Kutschinski* DATE _____

Typed or Printed Name of General Partner Signing Form **Ronald C. Kutschinski** Daytime Telephone Number **561-567-2310**

CR2E003 (6/96)