

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 -8 AM 9:10

1. Name of Limited Partnership

1a. DOCUMENT #
A28835

REMINGTON GREEN OFFICE CENTER, LTD.



Mailing Address

% CAPITAL MANAGEMENT ASSOCIATES, INC.
SUITE 200, 1570 MADRUGA AVE.,
CORAL GABLES FL 33146

Principal Office Address

% CAPITAL MANAGEMENT ASSOCIATES, INC.
SUITE 200, 1570 MADRUGA AVE.,
CORAL GABLES FL 33146

3. Date Formed or Registered

08/30/1989

3a. Date of Last Report

11/18/1996

4. State or Country of Formation

FL

5a. Capital Contributions as Shown on record.

\$600,000.00

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

2. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

2a. Principal Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. FEI Number

65-0140771

☐ 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)

9. Name and Address of Current Registered Agent

**WOLFF, F. LOUIS
3006 E. COMMERCIAL BLVD.,
FT. LAUDERDALE FL 33308**

10. If changed, new Registered Agent/Office

Name

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

Suite, Apt. #, etc.

City

FL

Zip Code

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

WOLFF, F. LOUIS

TORN, HOWARD

LEBARON, DON

3006 E. COMMERCIAL BL

4210 N.E. 28TH AVE.

4510 S.W. 74TH ST.

FT. LAUDERDALE FL

FT. LAUDERDALE FL

MIAMI FL

900002371059-1
-12/12/97-01095-004
****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

President, Capital Management
managing agent with power of

DATE **12/3/97**

Typed or Printed Name of General Partner Signing Form

Howard Millhauser, Managing Agent

305-666-0131

CP25003 (6/97)