

FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1999



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

FILED

98 OCT -5 PM 12:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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

12/08/1997

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)

WOLFF, F. LOUIS
TORN, HOWARD
LEBARON, DON

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

3006 E. COMMERCIAL BL
4210 N.E. 28TH AVE.
4510 S.W. 74TH ST.

11b. City, State & Zip Code

FT. LAUDERDALE FL
FT. LAUDERDALE FL
MIAMI FL

11c. Registration/
Document Number

700002658057-4
-10/07/98-01081-023
****541.25 ****541.25

dcc

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, Millhauser & Assoc. DATE 10/13/98

Managing agent with power of Attorney 305-666-0131

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

CR2E003 (8/98)