

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

LIMITED PARTNERSHIP
ANNUAL REPORT
1997



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 DEC -3 PM 4:10

1. Name of Limited Partnership

1a. DOCUMENT #
A29077

B. H. CAPITAL INCOME FUND 1989 - 1 LTD.



op 12/5

Mailing Address
~~411 DEER CREEK RUN~~
~~DEERFIELD BEACH FL 33442~~

Principal Office Address
~~411 DEER CREEK RUN~~
~~DEERFIELD BEACH FL 33442~~

3. Date Formed or Registered
10/13/1989

5a. Capital Contributions as
Shown on record
\$495,000.00

3a. Date of Last Report
12/27/1995

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

2. Mailing Address
5329 W. Atlantic Ave.

2a. Principal Office Address
5329 W. Atlantic Ave.

4. State or Country of Formation
FL

Suite, Apt. #, etc.
Suite 204A

Suite, Apt. #, etc.
Suite 204A

6. FEI Number
65-0162299

☐ Applied For
☐ Not Applicable

City & State
Delray Beach, FL

City & State
Delray Beach, FL

7. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

Zip Country
33484

Zip Country
33484

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

9. Name and Address of Current Registered Agent

~~HEDGES, BOB~~
~~411 DEER CREEK RUN~~
~~DEERFIELD BEACH FL 33442~~

10. If changed, new Registered Agent/Office

Name
Cousins Financial Services, Inc.
Street Address (P.O. Box Number Is Not Acceptable)
5329 W. Atlantic Ave.
Suite, Apt. #, etc.
Suite 204A
City
Delray Beach Zip Code
FL 33484

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 **11/26/96**

**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

B H SECURED CAPITAL, INC

~~411 DEER CREEK RUN~~
5329 W. Atlantic Ave.
Suite 204A

~~DEERFIELD BEACH FL 33~~
Delray Beach, FL 33484

L12296

000002021930--3
-12/06/96--01031--010
****576.25 ****576.25

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 **11/26/96**

Typed or Printed Name of General Partner Signing Form **William R. Cousins**

Daytime Telephone Number **561-496-3131**

CR2E003 (6/96)