## 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

1. Name of Limited Partnership

1a. DOCUMENT # **A30449** 

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

97 MAR 18 AM 9: 57



AMADEUS PLAZA, LTD.			T TORION FEED TIME BEIN DIDEN BIREN BANK BANK BANK BANK BANK BANK BANK BAN			
Mailing Address  175 TONEY PENNA DR. STE. #207 JUPITER FL 33458	Principal Office Address  175 TONEY PENNA DR.  STE. #207  JUPITER FL 33458		3. Date Formed or Registered 07/31/1990 3a. Date of Lest Report 12/08/1995	58. Capital Contributions as Shown on record. \$759,500.00  5b. Amount of Capital Contributions in FLORIDA to date:		
2. Mailing Address	28. Principal Office Address		4. State or Country of Formation			
Suite, Apt. #, etc.	Suite, Ap1. #, etc.		6. FEI Number 65-0217313	Applied For Not Applicable		
City & State	City & State					
Zip Country	Zip Country		7. Certificate of Status Desired \$8.75 Additional Fee Required  8. Make check payable to: Dept. of State (See reverse side for fee Information			
Q Name and Address of Cu	urrent Henistered Agent		10. If changed, new Registere	d Agent/Office		
9. Name and Address of Current Registered Agent  AMADEUS PLAZA MANAGEMENT, INC.		Name				
114 SPY GLASS LANE		Street Address (P.O. Box Number Is Not Acceptable)				
JUPITER FL 33477		Suite, Apt. #, etc.	, etc.			
		City		FL Zip Code		
	AT IS A CORPORATION, L UST BE REGISTERED ANI	IMITED PA	RTNERSHIP OR OTHE VITH THIS OFFICE.			
11. Name(s) of General Partner(s)	11a. (Do NOT Use Post Office Bo	x Numbers) 111	City, State & Zip Code	11c. Registration Document Nur		
AMADEUS PLAZA MGMT., INC	114 SPY GLASS LANE		JUPITER FL 33477 30002 -03/21 *****5	120773- 7970108701 41.25 ****541	(J 5 . 25	
		N	en fees	Ku	M	
Note: General partners MAY N	IOT be changed on this form	ı; an amendı	nent must be filed to ch	ange a general par	tner.	
12. I do hereby certify that the information supplied to Corporations from any liability of non-compliance annual report is true and accurate and that my sempowered to execute this report as required by	e with Section 119.07(3)(k) in the event that the infl ignature shall have the same legal effects as it may chapter 620, Florida Statules.	rmation supplied is do de under oath. I furthe	eemed exempt from public access. I further critical that I am a General Pariner of the	r certify that the information indic limited partnership, receiver or tr	ated on th	
SIGNATURE	/	Value	DATE	3/10/97		
Typed or Printed Name of General Partner Signing Fart	Gustar Nevsin	na 1'	Daytime Telephone Number	561) 743-942	4	