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

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DIVISION OF CORPORATIONS
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LIMITED PARTNERSHIP
ANNUAL REPORT
1997

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

1. Name of Limited Partnership

Sherwood Cove
Limited Partnership

1a. DOCUMENT # ~~S07644~~ A30740

Mailing Address	Principal Office Address
2121 Ponce de Leon Blvd. PH 2 Coral Gables, Fl 33134	2121 Ponce de Leon Blvd. PH 2 Coral Gables, Fl 33134

3. Date Formed or Registered: 10/26/90

3a. Date of Last Report: 12/31/95

4. State or Country of Formation: FL

5a. Capital Contributions Shown on Last Report: 5,000,000

5b. Amount of Capital Contributions in Florida to date: 5,000,000

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

6. FEI Number: 65-0226242 ☐ 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 list of fees)

9. Name and Address of Current Registered Agent	10. If changed, new Registered Agent/Office
Lloyd J. Boggio 2121 Ponce de Leon Blvd. PH-2 Coral Gables, Fl 33134	Name: Lloyd J. Boggio Street Address (P.O. Box Number is Not Acceptable): 2121 Ponce de Leon, PH 2 Suite, Apt. #, etc.: Coral Gables, Fl 33134 City: FL Zip Code:

10a. Pursuant to the provisions of sections 620.1061 and 620.1062, Florida Statutes, the above-named limited partnership organized or registered under the laws of this State or 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 620.1062, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) X _____ DATE 1/27/97

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
Sherwood Cove Inc.	2121 Ponce de Leon Blvd. PH 2	Coral Gables, Fl 33134	S07644

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KWM

New Fees

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, received and am empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE X _____ DATE 1/27/97

POOR ORIGINAL