## 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

## Sandřa Mořthům

Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

**SIGNATURE** 

Typed or Printed Name of General Partner Signing Form

COURT YOGURT, LTD.

1a. DOCUMENT # **A30882** 

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 FEB 10 PM 2: 13



Mailing Address 9100 S. DADELAND AVE. SUITE 1010 MIAMI FL 33156	Principal Office Address 9100 S. DADELAND AVE, SUITE 1010 MIAMI FL 33156	9100 S. DADELAND AVE. SUITE 1010		5a. Capital Contributions as Shown on record. \$70,000.00  5b. Amount of Capital Contributions in FLORIDA to date:  Applied For Not Applicable	
2. Mailing Address	2a. Principal Office Address				
Suite, Apt. #, etc.	Suite, Apt. #, etc.				
City & State	City & State	City & State		\$8.75 Additional	
Zip Country	Zip	Zip Country		8. Make check payable to Dept. of State (See reverse side for fee informa	
9. Name and Addr	rese of Current Registered Agent		10. If changed, new Register	ed AgenVOffice	
STEIN, BARRY A., ESQ. 9100 SOUTH DADELAND BLVD. SUITE 1010 MIAMI FL 33156		Name  Street Address (P.O. Box Number Is Not Acceptable)  Suite. Apt. #, etc.			
		City FL Zip Code			
	A RESTRICT OF THE PROPERTY OF	_		Tably accept the appointment of register	
SIGNATURE (Registered Agent Accepting A	R THAT IS A CORPORATION	. LIMITED PA	DATE  ARTNERSHIP OR OTHI		
A GENERAL PARTNE	ppointment)	I, LIMITED PA	DATE  ARTNERSHIP OR OTHI		
A GENERAL PARTNE	PPOINTMENT)  R THAT IS A CORPORATION  MUST BE REGISTERED A	I, LIMITED PAND ACTIVE	ARTNERSHIP OR OTHI WITH THIS OFFICE. 1b. City, State & Zip Code	ER BUSINESS ENTIT  11c. Registration/ Document Number  \$08171	
A GENERAL PARTNE  Name(s) of General Partner(s)	Proportion (Control of the Control o	I, LIMITED PAND ACTIVE	ARTNERSHIP OR OTHI WITH THIS OFFICE. 1b. City, State & Zip Code	ER BUSINESS ENTIT  11c. Registration/ Document Number  \$08171	
A GENERAL PARTNE  Name(s) of General Partner(s)	Proportion (Control of the Control o	I, LIMITED PAND ACTIVE	DATE ARTNERSHIP OR OTHI WITH THIS OFFICE.  1b. City, State & Zip Code  MIAMI FL  30002  *****4	ER BUSINESS ENTIT  11c. Registration/ Document Number	
SIGNATURE (Registered Agent Accepting A;  A GENERAL PARTNE  1. Name(s) of General Partner(s)	Proportion (Control of the Control o	I, LIMITED PAND ACTIVE	DATE ARTNERSHIP OR OTHI WITH THIS OFFICE.  1b. City, State & Zip Code  MIAMI FL  30002  *****4	11c. Registration/ Document Number \$08171 036843—1 797-01084-026 37.50 ****437.50	

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