

**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 Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 OCT -2 PM 12:23

1. Name of Limited Partnership

1a. DOCUMENT #
A30966

ST. JOHN HOUSING LIMITED PARTNERSHIP



Mailing Address

P.O. BOX 015344
MIAMI FL 33101-5344

Principal Office Address

P.O. BOX 015344
MIAMI FL 33101-5344

3. Date formed or Registered

12/21/1990

5a. Capital Contributions as
Shown on record

\$1,480,000.00

3a. Date of Last Report

09/25/1995

5b. Amount of Capital
Contributions in FL OH DA
to date

\$1,480,000.00

4. State or Country of Formation

FL

6. FLI Number

65-0238070

☐ 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 loc. information)

9. Name and Address of Current Registered Agent

**ST. JOHN HOUSING CORPORATION, INC.
1324 N.W. 3RD AVENUE
MIAMI FL 33136**

10. If changed, new Registered Agent/Office

Name

Street Address (P.O. Box Number Is Not Acceptable)

Suite, Apt. #, etc.

City

500001976355-1
-10/16/95--01027--022
******585.00 FL ****585.00**

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)

ST JOHN HOUSING CORP, INC

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

1324 NW 3RD AVE.

11b. City, State & Zip Code

MIAMI FL

11c. Registration/
Document Number

S19584

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

Henry W. Daniels

DATE

9/26/96

Typed or Printed Name of General Partner Signing Form

HENRY W. DANIELS, PRESIDENT

Daytime Telephone Number

(305) 576-4774

CR2E003 (6/96)