

**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 OCT 15 AM 10:20

1. Name of Limited Partnership

1a. DOCUMENT #
A31015

400 ROYAL PALM WAY LIMITED PARTNERSHIP

Mailing Address

**400 ROYAL PALM WAY
SUITE 206
PALM BEACH FL 33480**

Principal Office Address

**400 ROYAL PALM WAY
SUITE 206
PALM BEACH FL 33480**

3. Date Formed or Registered

12/31/1990

5a. Capital Contributions as
Shown on record

\$5,205,000.00

3a. Date of Last Report

01/03/1996

5b. Amount of Capital
Contributions in FLORIDA
to date

\$4,855,401.00

4. State or Country of Formation

FL

6. FEI Number
52-1709669

☐ 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 fee information)

2. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country

2a. Principal Office Address

Suite, Apt. #, etc.

City & State

Zip Country

9. Name and Address of Current Registered Agent

**KIPP, ERNST-LUDWIG
C/O 400 ROYAL PALM WAY LIMITED PARTNERSHIP
400 ROYAL PALM WAY, SUITE 206
PALM BEACH FL 33480**

10. If changed, new Registered Agent/Office

Name

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

Suite, Apt. #, etc.

City

FL

Zip Code

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)

400 ROYAL PALM, INC.

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

400 ROYAL PALM WAY, S

11b. City, State & Zip Code

PALM BEACH FL 33480

11c. Registration/
Document Number

S21750

000001988470--9
-10/29/96--01071--020
****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 provided in this report is true and accurate and that my signature on all required documents is 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

By

ERNST - LUDWIG KIPP,

DATE

10/10/96

Daytime Telephone Number

561-655-3466

CR2E003 (6/96)