

FILED ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Northing Secretary of State DIVISION OF CORPORATIONS	
1. Name of Limited Partnership Sample Square, Ltd.		1a. DOCUMENT # A31072	
2. Mailing Address 1320 South Dixie Hwy #1001 Coral Gables, FL 33146		3. Date Formed or Registered 01/04/91	
2a. Principal Office Address 1320 South Dixie Hwy #1001 Coral Gables, FL 33146		3a. Date of Last Report 12/96	
2b. City & State FL		4. State or Country of Formation FL	
2c. Zip 33146		5a. Capital Contributions as Shown on record 500,000	
2d. Country FL		5b. Amount of Capital Contributions in FLORIDA to date 500,000	
2e. Suite, Apt. #, etc. 1001		6. FE Number 65-0232608	
2f. City & State FL		7. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
2g. Zip 33146		8. Make check payable to: Dept. of State (See reverse side for fee info)	

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 DEC 26 PM 12:19 **dk/18**

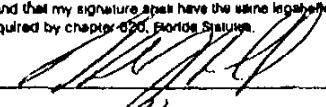
9. Name and Address of Current Registered Agent Fardish, Howard J. 1320 S. Dixie Hwy #1001 Coral Gables, FL 33146		10. I changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code	
10a. Pursuant to the provisions of sections 620.1051 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 registration. 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) Sample Square, Inc.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 1320 S. Dixie Hwy	11b. City, State & Zip Code Coral Gables, FL 33146	11c. Registration/Document Number #522546
700002395887-2 -01/09/98-01084-010 ***541.25 ***541.25			

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 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 included in 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 assignee of the limited partnership, and I am empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE  DATE **12/23/97**
Typed or Printed Name of General Partner Signing Form **HOWARD J. FARDISH GP** Office Telephone Number **305-665-5303**