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

1. Name of Limited Partnership

RICA ASSOCIATES, LTD.

A31172

FILED

96 DEC -2 PM 2:49

SECRETARY OF STATE TALLAHASSEE, FLORIDA



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## State Country State Country State								
38. Date of Last Report 09/29/1995 4. State or Country of Formation FL 78.5/438 Suite, Apt. #. etc. Suite, Apt. #. etc. Suite, Apt. #. etc. Suite, Apt. #. etc. FE Number 59-19/15749 Applied 7. Certificate of Status Desired Registered Agent Registered Agent To 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). Thereby accept the exponiment A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS E MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. 110. Name(s) of General Partner(s) 111. Name(s) of General Partner(s) 112. PEGGRES ST. # MIAMI FL RICCIARDELLI, DEBBIE 8300 W. FLAGLER ST. # MIAMI FL 100000000000000000000000000000000000	8300 WEST FLAGLER ST., SUITE 250 8300 WEST FLAGLER ST., SUITE) ·		5a. Capital Contributions as Shown on record.			
28. Principal Office Address 28. Principal Office Address Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Country Zip Country Zip Country Zip Country Zip Country Tourificate of Status Desired Registered Agent/Office Part Reg 8. Make check payable to Dept. of State (See reverse side for for the provisions of sections 620 1051 and 620 to 102 Florida Statutes, the above named immed partnership organized or registered under the laws of the State of Florida. Such change was authorized by its general partner(s). Thereby accept the appointment of the purpose of changing its registered office or registered agent and adverse the colligations of section 620 1051 and 620 102. Florida Statutes. To the purpose of changing its registered office or registered agent and accept the colligations of section 620 1052. Florida Statutes. To the purpose of changing its registered office or registered agent accept the decipations of section 620 1052. Florida Statutes. To the purpose of changing its registered office or registered agent accept the purpose of changing its registered office or registered agent accept the colligations of section 620 1052. Florida Statutes. To the purpose of Changing its registered agent accept the colligations of section 620 1052. Florida Statutes. DATE A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS E MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. 11. Name(s) of General Panner(s) 12. Only Size & Zip Code 13. Only Size & Zip Code 1	•	MIRMI FE 33144	;					
28. Principal Office Address PL 785/438 Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Townstry Country Zip Country Zip Country Zip Country Townstry Registered Agent Townstry Registered Agent/Office 10. If changed, new Registered Agent/Office COLODNY, MICHAEL 11900 BISCAYNE BLVD., SUITE 620 NORTH MIAMI FL 33181 Suite, Apt. #, etc. City Registered Agent/Office Townstry FL Zip Code Townstry FL Zip Code Townstry FL Zip Code Townstry FL Zip Code Suite, Apt. #, etc. City FL Zip Code Townstry FL Zip Code FL Zip Code FL Zip Code Townstry FL Zip Code Townstry FL Zip Code FL Zip Code Townstry FL Zip Code FL Zip Code FL A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS E MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. 11. Name(s) of General Panner(s) 118. (pd NST (sies Pect Office Box Numbers) 119. City, State & Zip Code 110. Registry A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS E MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. 11. Name(s) of General Panner(s) 118. (pd NST (sies Pect Office Box Numbers) RICCIARDELLI, JOHN L 8300 W. FLAGLER ST. # MIAMI FL MI				4. State or Country of Formation	to date:	_		
City & State Country R. Make check payable to Dept of State (See reverse side for to Fee Receiver Country Registered Agent/Office COLODNY, MICHAEL 11900 BISCAYNE BLVD., SUITE 620 NORTH MIAMI FL 33181 City FL Zip Code City FL City F	ddress	2a. Principal Office Address		FL 785,438				
City & State City & State City & State City & State 7. Certificate of Status Desired 8. Make check payable to 'Dept. of State (See reverse side for fe Ben Re	etc.	Suite, Apt. #, etc.			Applied For			
Zip Country Signature Country Zip Country Signate Signature Country Signate Country Signature Country Signa		City & State		☐ Not Applicable				
9. Name and Address of Current Registered Agent COLODNY, MICHAEL 11900 BISCAYNE BLVD., SUITE 620 NORTH MIAMI FL 33181 Suite, Apt #, etc. City FL Zip Code City FL Zip Code City FL City	Country	Zip Cou	untry	Certificate of Status Desired	\$8.75 Add Fee Requ	ditional ired		
COLODNY, MICHAEL 11900 BISCAYNE BLVD., SUITE 620 NORTH MIAMI FL 33181 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. Such change was authorized by its general partner(s). I hereby accept the appointment of 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 E MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. 11. Name(s) of General Partner(s) 11a. (Do NOT Use Post Office Box Numbers) RICCIARDELLI, JOHN L 8300 W. FLAGLER ST. # MIAMI FL 1 0 0 0 20 22 5 1 1 — -12/06/95 — 0 1090 — 01	·		8. Make check payable to: Dept. of State (See reverse side for fee information					
Street Address (P.O. Box Number Is Not Acceptable) Street Address (P.O. Box Number Is Not Acceptable) Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc City FL Zip Code To 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 agent. I am familiar with, and accept the obligations of section 620 192, Florida Statutes. SIGNATURE (Registered Agent Accepting Appointment) A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS E MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. 11. Name(s) of General Partner(s) 11a. (p.Address of Fach, General Partner Donor Use Post Office Box Numbers) RICCIARDELLI, JOHN L 8300 W. FLAGLER ST. # MIAMI FL 1. OCIO 2022511— -12/06/95—01090—01	9. Name and Address of Current Registered Agent 10. If changed, new Registered Agent/Office				ad Agent/Office			
NORTH MIAMI FL 33181 Suite, Apt. #, etc. City FL Zip Code Toda. 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 for the purpose of changing its registered agent or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of agent. I am familiar with, and accept the obligations of section 620 192, Florida Statutes. SIGNATURE (Registered Agent Accepting Appointment) A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS E MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. 11. Name(s) of General Partner(s) 11a. (o Additings of Each, General Partner) RICCIARDELLI, JOHN L 8300 W. FLAGLER ST. # MIAMI FL RICCIARDELLI, DEBBIE 8300 W. FLAGLER ST. # MIAMI FL 1 0 0 0 0 2 2 5 1 112/06/96 - 01090 - 01	COLODNY, MICHAEL							
Sultie, 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 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 agent. I am familiar with, and accept the obligations of section 620 192, Florida Statutes. SIGNATURE (Registered Agent Accepting Appointment) A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS E MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. 11. Name(s) of General Partner(s) 11a. (po Notices foot Numbers) The CIARDELLI, JOHN L 8300 W. FLAGLER ST. # MIAMI FL 1 00002022511— -12/06/96—01090—01	11900 BISCAYNE BLVD., SUITE 620			Street Address (P.O. Box Number Is Not Acceptable)				
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MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. 11. Name(s) of General Pariner(s) RICCIARDELLI, JOHN L RICCIARDELLI, DEBBIE 8300 W. FLAGLER ST. # MIAMI FL 100020261112/06/960109001	I am familiar with, and accept the obligations	of section 620.192, Florida Statutes.						
RICCIARDELLI, JOHN L 8300 W. FLAGLER ST. # MIAMI FL RICCIARDELLI, DEBBIE 8300 W. FLAGLER ST. # MIAMI FL 1 00022251112/06/960109001	ERAL PARTNER THAT I	S A CORPORATION, LIM	IITED PART ACTIVE WIT	NERSHIP OR OTHE	R BUSINESS EN	ITITY		
RICCIARDELLI, JOHN L 8300 W. FLAGLER ST. # MIAMI FL RICCIARDELLI, DEBBIE 8300 W. FLAGLER ST. # MIAMI FL 1 000202261112/06/960109001					11c. Registration			
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Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partners.	eneral nartners M∆V N∩T	he changed on this form:	n amendme	nt must be filed to sh	enge e general no	rino-		
12. I do hereby certify that the information supplied with this larger soluntarily turnish and does not qualify to the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division	***************************************							

this annual report is true and accurate and that my signature shall have 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.

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