

**FILE 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. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
97 DEC 31 PM 12:21

1. Name of Limited Partnership

1a. DOCUMENT #  
**A31177**

**CLARIDGE EVERGLADES ASSOCIATES, LTD.**



01/14

Mailing Address

1414 COLLINS AVENUE, #1  
MIAMI BEACH FL 33139

Principal Office Address

1414 COLLINS AVENUE, #1  
MIAMI BEACH FL 33139

3. Date Formed or Registered

02/12/1991

5a. Capital Contributions as Shown on record.

\$262,634.80

3a. Date of Last Report

12/27/1996

5b. Amount of Capital Contributions in FLORIDA to date.

4. State or Country of Formation

FL

2. Mailing Address

Suite, Apt. #, etc.

P.O. Box 398255

City & State

Miami Beach, Florida

Zip Country  
33239-8255 U.S.A.

2a. Principal Office Address

1500 San Remo Avenue

Suite, Apt. #, etc.

#176

City & State

Coral Gables, Florida

Zip Country  
33146 USA

6. FEI Number

65-0261440

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)

9. Name and Address of Current Registered Agent

SCHOLL, DENNIS  
1414 COLLINS AVENUE, SUITE #1  
MIAMI BEACH FL 33139

10. If changed, new Registered Agent/Office

Name

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

1500 San Remo Avenue

Suite, Apt. #, etc.

#176

City

Coral Gables

FL

Zip Code

33146

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)

CLARIDGE GROUP SOUTH, INC

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

1414 COLLINS AVENUE,  
1500 San Remo Avenue  
#176

11b. City, State & Zip Code

MIAMI BEACH FL  
Coral Gables, Florida  
33146

11c. Registration/Document Number

L72941

400002402254-51  
-01/15/98-01111-014  
\*\*\*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 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

DATE

12-24-97

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

CR2E003 (6/97)