

FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP  
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

①

LIMITED PARTNERSHIP  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

96 OCT 28 PM 3:40

1. Name of Limited Partnership

1a. DOCUMENT #  
A31790

MIAMI TOWER ASSOCIATES LIMITED PARTNERSHIP

Mailing Address

C/O WINTHROP FINANCIAL ASSOCIATES  
ONE INTERNATIONAL PLACE  
BOSTON MA 02110

Principal Office Address

C/O WINTHROP FINANCIAL ASSOCIATES  
ONE INTERNATIONAL PLACE  
BOSTON MA 02110

3. Date Formed or Registered

07/24/1991

5a. Capital Contributions as  
Shown on record

\$7,000,000.00

3a. Date of Last Report

12/19/1995

5b. Amount of Capital  
Contributions in FLORIDA  
to date

7,000,000.00

4. State or Country of Formation

FL

6. FEI Number

04-3131730

☐ Applied For  
☐ Not Applicable

7. Certificate of Status Desired

☐ \$8.75 Additional  
Fec Required

8. Make check payable to: Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE FL 32301

10. If changed, new Registered Agent/Office

Name

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

Suite, Apt. #, etc.

City

60000019946000-8

-11/04/96--01013--008

\*\*\*\*576.25 \*\*\*\*576.25

FL

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)

WINTHROP MIAMI ASSOC, LP

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

ONE INTERNATIONAL PLA

11b. City, State & Zip Code

BOSTON MA

11c. Registration/  
Document Number

A32158

OR  
10-30

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

Please see attached signature page

DATE

9/20/96

Typed or Printed Name of General Partner Signing Form

Amy R Johnson, Asst Secy

Telephone Number 617-330-8600

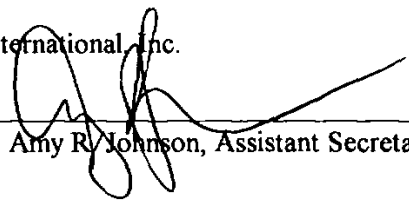
CR2EC03 (6/96)

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Winthrop Miami Associates Limited Partnership

By: One International Associates Limited Partnership

By: One International, Inc.

By:   
Amy R. Johnson, Assistant Secretary