

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

FILED

98 JAN 13 PM 2: 06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED PARTNERSHIP
ANNUAL REPORT
1998



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

1. Name of Limited Partnership

1a. DOCUMENT #
A31975

D.C.W. BISCAYNE HOLDINGS LIMITED PARTNERSHIP

98-AR
CM



Mailing Address

2333 PONCE DE LEON BLVD., PENTHOUSE 1100
CORAL GABLES FL 33134

Principal Office Address

2333 PONCE DE LEON BLVD., PENTHOUSE 1100
CORAL GABLES FL 33134

2. Mailing Address

2a. Principal Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

3. Date Formed or Registered

09/16/1991

3a. Date of Last Report

10/18/1996

4. State or Country of Formation

FL

6. FEI Number

65-6324130

7. Certificate of Status Desired

☐ Applied For
☐ Not Applicable

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

5a. Capital Contributions as
Shown on record.

\$321,918.00

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

1,371,544

9. Name and Address of Current Registered Agent

WILCOX, DENNIS

2333 PONCE DE LEON BLVD., PENTHOUSE 1100
CORAL GABLES FL 33134

10. If changed, new Registered Agent/Office

Name

KENT A. WINDHART

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

2333 PONCE DE LEON BLVD. BOULVARD

Suite, Apt. #, etc.

Suite PH 1100

City

CORAL GABLES

FL

Zip Code

33134

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)

INTERCAP BISC. PROP., INC

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

2333 PONCE DE LEON BL

11b. City, State & Zip Code

CORAL GABLES FL 33134

11c. Registration/
Document Number

S80327

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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

11/16/97

Typed or Printed Name of General Partner Signing Form

KENT A. WINDHART SGT/PAWS Daytime Telephone Number (305) 443-8900

CR2E003 (6/97)