

ALL 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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 DEC 24 AM 9:27



1. Name of Limited Partnership

1a. DOCUMENT #
A32176

STATON FAMILY PARTNERSHIP LTD.

Mailing Address

C/O TIMOTHY D. RICHARDS, ESQ.
2665 S. BAYSHORE DR. SUITE 900
MIAMI FL 33133

Principal Office Address

C/O TIMOTHY D. RICHARDS, ESQ.
2665 S. BAYSHORE DR. SUITE 900
MIAMI FL 33133

3. Date Formed or Registered

10/25/1991

5a. Capital Contributions as
Shown on record.

\$4,525,240.00

3a. Date of Last Report

11/28/1995

5b. Amount of Capital
Contributions in
to date:

2. Mailing Address

2a. Principal Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. State or Country of Formation

FL

6. FEI Number

65-0304381

☐ 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

**RICHARDS, TIMOTHY D., ESQ.
2665 S. BAYSHORE DR.,
SUITE 900
MIAMI FL 33133**

10. If 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 620.1061 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)

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

11b. City, State & Zip Code

11c. Registration/
Document Number

STATON, ALBERT H., JR.

441 VALENCIA AVENUE,

CORAL GABLES FL 33134

**700002050287--1
-01/08/97--01042--004
****585.00 ****585.00**

dec cys

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 effect as if made under oath. I further certify that I am a General Partner of the limited partnership and am empowered to execute this report as required by chapter 620, Florida Statutes.

Albert H. Staton, Jr.

DATE **12/23/96**

Typed or Printed Name of General Partner Signing Form

Albert H. Staton, Jr.

Daytime Telephone Number

(305) 858-9900