

FILE ON OR BEFORE APRIL 8, 1998 TO AVOID  
REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP  
ANNUAL REPORT  
1998



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

98 APR 30 PM 2:24

1. Name of Limited Partnership

1a. DOCUMENT #  
A32512

SPV PARTNERS, LIMITED PARTNERSHIP



Mailing Address

Principal Office Address

2875 NE 191ST STREET, SUITE 400  
AVENTURA FL 33180

2875 NE 191ST STREET, SUITE 400  
AVENTURA FL 33180

3. Date Formed or Registered

01/28/1992

5a. Capital Contributions as  
Shown on record.

\$6,750.00

3a. Date of Last Report

06/02/1997

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

6750.00

4. State or Country of Formation

FL

2. Mailing Address

19501 Biscayne Blvd.

2a. Principal Office Address

19501 Biscayne Blvd.

Suite, Apt. #, etc.

Suite 400/Attn: Legal Dept.

Suite, Apt. #, etc.

Suite 400/Attn: Legal Dept.

City & State

Aventura, FL

City & State

Aventura, FL

Zip

33180

Country

USA

Zip

33180

Country

USA

6. FEI Number

58-1599406

☐ 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

PARELLO, RAYMOND J

2875 NE 191ST STREET, SUITE 400  
AVENTURA FL 33180

10. If changed, new Registered Agent/Office

Name

Mario Romine

-05/06/98--01075--007

Street Address (P.O. Box Number is Not Accepted) \*\*\*536.00 \*\*\*536.00

19501 Biscayne Blvd.

Suite, Apt. #, etc.

Suite 400

City

Aventura

FL

Zip Code  
33180

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)

*Mario Romine*

DATE

4-16-98

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)

SOFFER/ORLANDO, INC

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

2875 NE 191ST STREET  
19501 Biscayne Blvd.  
Suite 400  
Attn: Legal Dept.

11b. City, State & Zip Code

AVENTURA FL 33180

11c. Registration/  
Document Number

H40714

REINSTATEMENT

98  
CUSRS1

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

4/16/98

Typed or Printed Name of General Partner Signing Form

RAYMOND SOFFER

(305) 932-6200

CR2E003 (12/97)