

A32662

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1996 Annual Report  
filed 3-21-96

2 pgs.

# REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP  
ANNUAL REPORT  
1996



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

FILED

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

1. Name of Limited Partnership	1a. DOCUMENT # <b>A32662</b>
<b>PORTOFINO REAL ESTATE FUND, LTD.</b>	

DO NOT WRITE IN THIS SPACE.

Mailing Address <b>446 COLLINS AVENUE MIAMI BEACH FL 33139</b>	Principal Office Address <b>446 COLLINS AVENUE MIAMI BEACH FL 33139</b>
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If above addresses are incorrect in any way, line through the incorrect information and enter correct address in Block 2 and/or 2a.

2. New Mailing Address, If Applicable
Suite, Apt. #, etc.
City, State & Zip
2a. New Principal Office Address, If Applicable
Suite, Apt. #, etc. <b>700001755387</b>
City, State & Zip <b>03/25/96-01011-003</b> <b>***576.25 ***576.25</b>

3. Date Formed or Registered to Do Business in FLORIDA <b>03/09/1992</b>	3a. Date of Last Report <b>02/13/1995</b>	4. State or Country of Formation <b>FL</b>
5a. Capital Contributions as Shown on Record: <b>\$13,277,541.42</b>	5b. Amount of Capital Contributions in FLORIDA to date: <b>\$8,315,952.15</b>	6. FEI Number <b>65-0331637</b>

Applied For	7. CERTIFICATE OF STATUS REQUIRED
Not Applicable	<b>\$8.75 Additional Fee required for a Certificate of Status</b> <input type="checkbox"/>

8. FEES: 1.) Filing Fee: Computed at a rate of \$7 per \$1,000 on amount entered in 5b or 5a if 5b blank, with a minimum filing fee of \$52.50 and a maximum of \$437.50  
2.) Supplemental Fee: \$138.75 (pursuant to section 607.193, F.S.)  
THE AMOUNT DUE SHALL BE NO LESS THAN \$191.25 (\$52.50 + \$138.75) AND NO MORE THAN \$576.25 (\$437.50 + \$138.75)  
Note: If the amount entered in 5b is greater than amount entered in 5a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.  
MAKE CHECK PAYABLE TO FLORIDA DEPT. OF STATE.

9. Name and Address of Current Registered Agent <b>PASTERNAK, MARSHALL ESQ. C/O GREENBERG, TRAUIG 1221 BRICKELL AVENUE MIAMI FL 33131</b>	10. If changed, new Registered Agent/Office Name <b>Threatt, Robert R.</b> Street Address (P.O. Box Number Is Not Acceptable) <b>446 Collins Avenue</b> Suite, Apt. #, etc. City <b>Miami Beach</b> <b>FL</b> Zip Code <b>33139</b>
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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) *Robert R. Threatt* DATE **3/19/96**

**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) <b>PORTOFINO GROUP, INC.</b>	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) <b>446 COLLINS AVENUE</b>	11b. City, State & Zip Code <b>MIAMI BEACH FL</b>	11c. Registration/Document Number <b>V05598</b>
		<b>AR - \$ 437.50</b> <b>SF - \$ 138.75</b> <b>3/22/96 au</b>	

**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 *Margaret Nee* DATE **3/19/96**  
Typed or Printed Name of General Partner Signing Form **MARGARET NEE V.P.** Telephone Number **305-532-2519**