A32662

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1994 Annual Report
Filed 4-14-94

2 pgs.

2ND NOTICE:
THIS LIMITED PARTNERSHIP WILL BE REVOKED IF REPORT IS NOT FILED BY APRIL 13, 1994

LIMITED PARTNERSHIP ANNUAL REPORT
1994

A32662

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
94 APR 14 PM 2:38
DO NOT WRITE IN THIS SPACE

1. Name and Mailing Address of Limited Partnership

PORTOFINO REAL ESTATE FUND, LTD.
C/O PORTOFINO GROUP, INC.
~~400 SOUTH POINT DRIVE, UNIT 2506~~
MIAMI BEACH FL 33139

If above address is incorrect in any way, line through the incorrect information and enter correct address in Block 2a

1a. DOCUMENT # A32662

2. Enter Change of Mailing Address
446 Collins Avenue
City and State | Zip Code

2a. Enter Principal Place of Business
C/O PORTOFINO GROUP, INC.
City and State: MIAMI BEACH FL | Zip Code: 33139

3. Date Registered to Do Business in FLORIDA	3a. Date of Last Report	4. State or Country of Formation	5a. Capital Contributions as Shown on Record.	5b. Amount of Capital Contributions in FLORIDA to date
03/09/1992	01/07/1993	FL	$1,000,000.00	13,277,541.42

6. THE BASIC ANNUAL REPORT FILING FEE IS FIGURED AT THE RATE OF $7.00 PER THOUSAND ON THE ACTUAL CAPITAL CONTRIBUTION PLUS A SUPPLEMENTAL FEE OF $138.75 PURSUANT TO s.607.193, FLORIDA STATUTES. THE FILING FEE SHALL BE NO LESS THAN $191.25 ($52.50 + $138.75) AND NO MORE THAN $576.25 ($437.50 + $138.75). For questions concerning filing fees, please call (904) 487-6056. Please submit your 1994 annual report with a check payable in U.S. funds through a U.S. bank to the Secretary of State.

7. Federal Employer Identification Number: 65-0331637
☐ FEI Number Applied For
☐ FEI Number Not Applicable
$8.75 Additional Fee required for a Certificate of Status
CERTIFICATE OF STATUS DESIRED ☐

REGISTERED AGENT INFORMATION

8. Name and Address of Current Registered Agent

~~DAUR, THOMAS, ESQ.~~
~~FRIEDMAN, DAUR, MILLER & WEBNER, P.A.~~
~~100 N. BISCAYNE BLVD., 21ST FLOOR~~
~~MIAMI FL 33132~~

If above address is incorrect in any way, line through the incorrect information and enter correct address in Block 9

9. Name and Address of New Registered Agent

Name: Marshall Pasternak, Esq.
Street Address (P.O. Box Number is Not Acceptable)
c/o Greenberg Traurig
1221 Brickell Avenue
City: Miami | FL | Zip Code: 33131

10. 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) Marshall Pasternak DATE 3/17/94

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

11. Name of General Partner(s)	11a. Address of Each General Partner(s) (Do NOT Use Post Office Box Numbers)	11b. City and State	11c. Registration/Document Number
PORTOFINO GROUP, INC.	~~400 S. POINT DR., #25~~ 446 Collins Avenue	MIAMI BEACH FL	V05598

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-04/13/94--01047--003
****576.25 ****576.25

AR 437.50
SUPP 138.75
576.25

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I certify that the information contained 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 named above, and am empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE [signature] DATE 3/11/94

Typed or Printed Name of General Partner Signing Above: Thomas Kramer, President-Portofino Group, Inc. Daytime Telephone Number: 305-532-2519
General Partner

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