FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND $500 PENALTY FEE

A32857

LIMITED PARTNERSHIP
ANNUAL REPORT
1999

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 JAN 27 PM 2:45

1. Name of Limited Partnership

1a. DOCUMENT # A32857

St. Tropez Real Estate Fund, LTD.

99-APR

Mailing Address

404 Washington Avenue
Suite 120
Miami Beach, FL 33139

Principal Office Address

404 Washington Avenue
Suite 120
Miami Beach, FL 33139

2. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country

2a. Principal Office Address

Suite, Apt. #, etc.

City & State

Zip Country

3. Date Formed or Registered

4-20-92

3a. Date of Last Renewal

3/06/98

4. State or Country of Formation

FL

5a. Capital Contributions - Show Currency

$ 3,452,508.00

5b. Amount of Capital Contributions in FLORIDA Dollars

16,115.03

6. FEI Number

65-0331640

☐ 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

Threat, Robert R.
404 Washington Avenue
Suite 120
Miami Beach, FL 33139

10. If changing the Registered Agent/Office

Name

Street Address (P.O. Box Number is N/A 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). The party appointed as 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
St. Tropez Living, Inc.	404 Washington Ave. Suite 120	Miami Beach, FL 33139	V18616

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)(i), Florida Statutes. I acknowledge that the Department of Corporations is not liable for non-compliance with Section 119.07(3)(k) in the event that the information supplied is otherwise exempt from public disclosure. I further certify that the information indicated on 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 or the agent empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE Robert R. Threatt DATE 1/19/99

Typed or Printed Name of General Partner Signing Form: Robert R. Threatt

Daytime Telephone Number: 305-532-3073

CR2E003 (9/98)