

FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

**LIMITED PARTNERSHIP
ANNUAL REPORT
1998**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

97 OCT 16 AM 11:07



1. Name of Limited Partnership

**1a. DOCUMENT #
A33434**

1819, LTD.

Mailing Address

7700 S.W. 117 AVE.
SUITE 201
MIAMI FL 33143

Principal Office Address

1700 PONCE DE LEON BLVD.
CORAL GABLES FL 33134

3. Date Formed or Registered

09/18/1992

3a. Date of Last Report

04/17/1997

4. State or Country of Formation

FL

5a. Capital Contributions as Shown on record.

\$100.00

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

2. Mailing Address

1819 79th St. Causeway
Suite, Apt. #, etc.
No. 324
City & State
North Bay Village, FL
Zip
33141

2a. Principal Office Address

1819 79th St. Causeway
Suite, Apt. #, etc.
No. 324
City & State
North Bay Village FL
Zip
33141

6. FEI Number

65-0375210

☐ 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

GRENTNER, CHARLES G
1819 79TH STREET CAUSEWAY
NO. 324
NORTH BAY VILLAGE FL 33141

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 620.1051 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)

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)

1819, INC.

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

1819 79TH CAUSEWAY

11b. City, State & Zip Code

NORTH BAY VILLAGE FL

11c. Registration/Document Number

V50534

100002325091-2
-10/20/97--01178--022
****156.25 ****156.25

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

Charles G. Grentner

President - 1819, INC General Partner

10/15/97

Typed or Printed Name of General Partner Signing Form

Charles G. Grentner

Daytime Telephone Number

305/865-7100

CR2E003 (6/97)