

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

LIMITED PARTNERSHIP
ANNUAL REPORT
1999



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

99 FEB -9 PM 3:35

1. Name of Limited Partnership

1a. DOCUMENT #
A92000000277

ROSEMONT CRESTE LIMITED PARTNERSHIP



Mailing Address

825 NE MULTNOMAH ST.
SUITE 775
PORTLAND OR 97232-2152

Principal Office Address

5224 LONG ROAD
ORLANDO FL 32808

3. Date Formed or Registered

01/13/1993

5a. Capital Contributions as
Shown on record

\$6,000,000.00

3a. Date of Last Report

11/03/1997

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

4. State or Country of Formation

FL

2. Mailing Address

851 SW Sixth AVE

2a. Principal Office Address

760 NW 107 AVE

Suite, Apt. #, etc.

Suite 1400

Suite, Apt. #, etc.

Suite 300

City & State

PORTLAND OR

City & State

Miami FL

Zip

97204

Country

USA

Zip

33172

Country

USA

6. FEI Number

59-3166071

☐ 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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. If changed, new Registered Agent/Office

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, etc.

City

FL

Zip

33324

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)

LNR
XRMC ORLANDO LIMITED, INC.

Per Amendment 11/2/98

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

851 SW Sixth Avenue
825 NE MULTNOMAH, S
Suite 1400

11b. City, State & Zip Code

PORTLAND OR 97232-
97204

11c. Registration/
Document Number

P32370

100002777481--8
-02/17/99-01015--008
****526.25 ****526.25

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

DATE

12/18/98

Typed or Printed Name of General Partner Signing Form

Shelly Rubin

Daytime Telephone Number

305/485-2000

CR2E003 (8/98)