

**FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

**LIMITED PARTNERSHIP
ANNUAL REPORT
1997**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

96 SEP 27 PM 12:34

1. Name of Limited Partnership

1a. DOCUMENT #
A93000000311

CORAL POINT APARTMENTS LIMITED PARTNERSHIP



400001968504
-10/09/96--01006--004
****585.00 ****585.00

Mailing Address

**777 BRICKELL AVENUE, SUITE 1010
MIAMI FL 33131**

Principal Office Address

**777 BRICKELL AVENUE, SUITE 1010
MIAMI FL 33131**

3. Date Formed or Registered

03/24/1993

5a. Capital Contributions as Shown on record

\$810,000.00

3a. Date of Last Report

09/14/1995

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

810,000.00

4. State or Country of Formation

FL

6. F.I. Number

65-0401158

☐ 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

**FABRE, FRANK R
717 PONCE DE LEON BLVD., SUITE 234
CORAL GABLES FL 33134**

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)

MCH PROPERTIES, INC.L

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

**777 BRICKELL AVENUE,
Suite 1010**

11b. City, State & Zip Code

MIAMI FL 33131

11c. Registration/Document Number

J17255

KWM/cus

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

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

CR2E003 (6/96)