

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 Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 MAR 17 AM 9:55

1. Name of Limited Partnership

1a. DOCUMENT #
A93000000379

CFI ROYAL PLAZA, LTD.



Mailing Address
5601 WINDHOVER DR
ORLANDO FL 32819

Principal Office Address
5601 WINDHOVER DR
ORLANDO FL 32819

3. Date Formed or Registered
04/16/1993

5a. Capital Contributions as
Shown on record.
\$10.00

3a. Date of Last Report
01/09/1996

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

\$9,305,038.00

2. Mailing Address

2a. Principal Office Address

4. State or Country of Formation
FL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

6. FEI Number
59-3175653

☐ Applied For
☐ Not Applicable

City & State

City & State

7. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

Zip

Country

Zip

Country

8. Make check payable to Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent

CFI PLAZA, INC.
C/O MICHAEL MARDER
100 WEST CYPRESS CREEK ROAD, SUITE 700
FT. LAUDERDALE FL 33309

10. If changed, new Registered Agent/Office

Name Michael Marder
Street Address (P.O. Box Number is not Acceptable)
100 West Cypress Creek Road
Suite, Apt. #, etc. Suite 700
City Ft. Lauderdale FL Zip Code 33309

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 12/16/96

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

CFI PLAZA, INC.

C/O 100 WEST CYPRESS

FT. LAUDERDALE FL 333

P93000027853

200002118452--6
-03/19/97--01116--001
2291.25 *541.25

New Fees 541.25 KWM

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 12/16/96

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number