

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

FILED

06 OCT 14 PM 1:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**LIMITED PARTNERSHIP
ANNUAL REPORT
1997**



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

1. Name of Limited Partnership

DIAMOND PARTNERSHIP, LTD.

1a. DOCUMENT #
A93000000885



97-AR
LM

Mailing Address

**1844 NE 88th AVE.
N MIAMI BEACH FL 33180**

Principal Office Address

**14075 DISCAYNE BOULEVARD
NORTH MIAMI BEACH FL 33181**

3. Date Formed or Registered

08/30/1993

5a. Capital Contributions as
Shown on record

\$1,020,000.00

3a. Date of Last Report

12/01/1995

4. State or Country of Formation

FL

5b. Amount of Capital
Contributions in FLORIDA
to date

1,020,000.00

2. Mailing Address

4132 SW Bimini Circle N

2a. Principal Office Address

4132 SW Bimini Circle N

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PALM CITY FL

City & State

PALM CITY FL

Zip

34990

Country

U.S.A.

Zip

34990

Country

U.S.A.

6. FEI Number

65-0433167

☐ 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

DIAMOND, HAROLD M

14075 DISCAYNE BOULEVARD

NORTH MIAMI BEACH FL 33181

**4132 SW Bimini Circle N
PALM CITY FL 34990**

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)

DIAMOND, HAROLD M

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

**14075 DISCAYNE BOULEV
4132 SW Bimini Circle N**

11b. City, State & Zip Code

**NORTH MIAMI BEACH FL
PALM CITY FL
34990**

11c. Registration/
Document Number

**700001983177--8
-10/22/96--01139--007
****576.25 ****576.25**

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

Harold Diamond

DATE

10/3/96

Typed or Printed Name of General Partner Signing Form

HAROLD DIAMOND

Daytime Telephone Number

561 219-0584

CP2E003 (6/96)