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
97 MAR -4 PM 1:44

1. Name of Limited Partnership

ST. ANTOINE PLAZA, LTD.

1a. DOCUMENT # **A93000000982**

Mailing Address	Principal Office Address
ONE E. BROWARD BLVD., SUITE 1400 FT. LAUDERDALE FL 33301	ONE E. BROWARD BLVD., SUITE 1400 FT. LAUDERDALE FL 33301

3. Date Formed or Registered: 09/27/1993

3a. Date of Last Report: 10/18/1995

4. State or Country of Formation: FL

5a. Capital Contributions as Shown on record: $1.00

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

2. Mailing Address	2a. Principal Office Address
440 Royal Palm Way	440 Royal Palm Way
Suite, Apt. #, etc.: Suite 200	Suite, Apt. #, etc.: Suite 200
City & State: Palm Beach, Florida	City & State: Palm Beach, Florida
Zip: 33480 Country: U.S.A.	Zip: 33480 Country: U.S.A.

6. FEI Number: 65-0445880 ☐ 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	10. If changed, new Registered Agent/Office
ST. ANTOINE PLAZA, INC. ONE EAST BROWARD BLVD., SUITE 1400 FT. LAUDERDALE FL 33301	Name: St. Antoine Limited Partner, Inc. Street Address (P.O. Box Number Is Not Acceptable): 440 Royal Palm Way Suite, Apt. #, etc.: Suite 200 City: Palm Beach FL Zip Code: 33480

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) L. Frank Chopin DATE 2-3-97

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
~~ST. ANTOINE PLAZA, INC.~~	~~ONE E. BROWARD BLVD.,~~	~~FT. LAUDERDALE FL 333~~	~~P93000065012~~
St. Antoine Limited Partner, Inc. per amendment filed 12/20/96	440 Royal Palm Way Suite 200	Palm Beach, FL 33480	P93000064033

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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 for 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: L. Frank Chopin DATE 1-16-97

Typed or Printed Name of General Partner Signing Form: L. Frank Chopin For ST. Antoine Limited Partner, INC. Daytime Telephone Number: 561-655-9500

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