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

LIMITED PARTNERSHIP ANNUAL REPORT

1997



FLORIDA DEFARTMENT OF STATE

Sandra Mortham

Secretary of State DIVISION OF CORPORATIONS

SIGNATURE.

Typed or Printed Name of General Partner Signing Form

DOCLIMENT #

97 JAN 13 PM 2:10

SECRETARY OF STATE.
TALLAHASSEE, FLORIDA

1. Name of Limited Partnership  1a. DOCUMENT  A9300001210						
STAR DANCE, LTD.						
					of 115	
Mailing Address 3123 COMMODORE PLAZA	Principal Office Address 3123 COMMODORE PLAZA	<b>,</b>		5a. Capital Contributions as Shown on record. \$41,793.00  5b. Amount of Capital Contributions in FLORIDA to date:		
COCONUT GROVE FL 33133	COCONUT GROVE FL 33133					
2. Mailing Address	2a. Principal Office Address	2a. Principal Office Address				
Suite, Apt. #, etc.	Suite, Apt. #, etc.			Applied For Not Applicable		
City & State	City & State	<u> </u>			\$8.75 Additional Fee Required	
Zip Country	Zıp	Zip Country		ppt. of State (See reverse side for fee information)		
9. Name and Addre	ess of Current Registered Agent	1	10. If changed, new Registere	d Agent/Office		
TERREMARK CORPORATE AG	ENTS, INC.	Name			··· ··· · · · · · · · · · · · · · · ·	
2601 SOUTH BAYSHORE DRIVE, 19TH FLOOR		Street Address (P.O. Box Number Is Not Acceptable)				
MIAMI FL 33133		Suite, Apt. #,	elc.			
		City		FL	Zip Code	
for the purpose of changing its regis agent. I am familiar with, and accept SIGNATURE (Registered Agent Accepting Ap		rida Such chang	e was authorized by its general partner(s). I her	eby accept the	appointment of registered	
A GENERAL PARTNEI	R THAT IS A CORPORATION, I MUST BE REGISTERED AN	LIMITED I D ACTIV	PARTNERSHIP OR OTHE E WITH THIS OFFICE.	R BUSI	NESS ENTITY	
11. Name(s) of General Partner(s)	11a. (Do NOT Use Post Office B	al Partner ox Numbers)	11b. City, State & Zip Code	11c.	Registration/ Document Number	
STAR DANCE, INC.	3123 COMMODORE PLA	AZA	COCONUT GROVE FL 3313 800002 -01/17 ****4	COCONUT GROVE FL 3313		
				Su	ef .	

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 filling 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) withe 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 supplied is 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 charges 20. Florida Statutes

Daytime Telephone Number .