

FILE ON OR BEFORE APRIL 8, 1998 TO AVOID
REVOCATION AND \$500 PENALTY FEE

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED PARTNERSHIP
ANNUAL REPORT
1998



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

1. Name of Limited Partnership

1a. DOCUMENT #
A93000001349

MARK'S LAS OLAS LIMITED

Mailing Address

Principal Office Address

3475 SHERIDAN STREET, SUITE 315
HOLLYWOOD FL 33021

3475 SHERIDAN STREET, SUITE 315
HOLLYWOOD FL 33021

3. Date Formed or Registered

12/14/1993

5a. Capital Contributions as
Shown on record.

\$1,040,000.00

3a. Date of Last Report

01/08/1997

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

1,040,000

2. Mailing Address

2a. Principal Office Address

1032 EAST LAS OLAS BLVD
Suite, Apt. #, etc.

1032 EAST LAS OLAS BLVD
Suite, Apt. #, etc.

City & State

FT. LAUDERDALE, FL

City & State

FT. LAUDERDALE, FL

Zip

Country

33301

Zip

Country

33301

6. FEI Number

65-0455648

☐ 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)

\$26.25

9. Name and Address of Current Registered Agent

MILITELLO, MARK
3475 SHERIDAN STREET, SUITE 315
HOLLYWOOD FL 33021

10. If changed, new Registered Agent/Office

Name

Street Address (P.O. Box Number is Not Acceptable)

1032 EAST LAS OLAS BLVD

Suite, Apt. #, etc.

City

FT. LAUDERDALE

FL

Zip Code

33301

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)

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

11b. City, State & Zip Code

11c. Registration/
Document Number

MMJ RESTAURANTS II, INC.

3475 SHERIDAN STREET,

HOLLYWOOD FL 33021

P93000004758

000002520310--0
-05/12/98--01054--010
****\$26.25 ****\$26.25

dee

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

Mark Militello

DATE

3/27/98

Typed or Printed Name of General Partner Signing Form

MARK MILITELLO

Daytime Telephone Number

954-463-1000

CR2E003 (12/97)