

**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

95 NOV 15 AM 10:38

1. Name of Limited Partnership

1a. DOCUMENT #
A94000000318

BREAKSTONE BEACH PROPERTIES, LTD.



Mailing Address

~~10500 COLLINS AVE~~
~~MIAMI BEACH FL 33100~~

2875 N.E. 191 ST
S. 1500
AVENTURA, FL 33180

Principal Office Address

~~10500 COLLINS AVE~~
~~MIAMI BEACH FL 33100~~

2875 N.E. 191 ST
S. 1500
AVENTURA, FL

2. Mailing Address

2875 N.E. 191 ST
S. 1500

Suite/Apt. #, etc.

AVENTURA FL

Zip Country

33180

2a. Principal Office Address

2875 N.E. 191 ST
S. 1500

Suite/Apt. #, etc.

AVENTURA, FL

Zip Country

33180

3. Date Formed or Registered

03/10/1994

3a. Date of Last Report

09/22/1995

4. State or Country of Formation

FL

6. FEI Number

65-0468925

☐ 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

BREAKSTONE, ARTHUR L

~~10500 COLLINS AVE~~

~~MIAMI BEACH FL 33100~~

10. If changed, now Registered Agent/Office

Name

Same

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

2875 N.E. 191 ST

Suite/Apt. #, etc.

S. 1500

City

AVENTURA,

FL

Zip Code

33180

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)

BREAKSTONE ASSOCIATES, INC.

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

~~10500 COLLINS AVE~~

2875 N.E. 191 ST

S. 1500

11b. City, State & Zip Code

~~MIAMI BEACH FL~~

AVENTURA, FL

33180

11c. Registration/
Document Number

S86206

200002013682---4

-11/26/95-01032-002

******\$76.25 ****\$76.25**

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

Typed or Printed Name of General Partner Signing Form

Arthur Breakstone

DATE

10/8/96

Daytime Telephone Number

(305) 935-8007

CR2E003 (6/96)