

FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT  
TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP  
ANNUAL REPORT  
1998



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

97 DEC 22 AM 11:05

mtu  
12/29

1. Name of Limited Partnership

1a. DOCUMENT #  
**A94000000319**

**ATLANTIC RESORT DEVELOPMENT, LTD.**

Mailing Address

3850 HOLLYWOOD BOULEVARD, SUITE 400  
HOLLYWOOD FL 33021

Principal Office Address

16701 COLLINS AVENUE  
MIAMI BEACH FL 33160

2. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

2a. Principal Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

3. Date Formed or Registered

03/14/1994

3a. Date of Last Report

11/25/1996

4. State or Country of Formation

FL

6. FEI Number

65-0473667

7. Certificate of Status Desired

☐ Applied For  
☒ Not Applicable

☐ \$8.75 Additional  
Fee Required

8. Make check payable to: Dept. of State (See reverse side for fee information)

5a. Capital Contributions as  
Shown on record

\$5,000.00

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

\$5,000.00

9. Name and Address of Current Registered Agent

CORNFELD, ROBERT M  
3850 HOLLYWOOD BOULEVARD, SUITE 400  
HOLLYWOOD FL 33021

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)

ATLANTIC RESORT DEVELOPMENT  
CORP

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

3850 HOLLYWOOD BOULEV

11b. City, State & Zip Code

HOLLYWOOD FL 33021

11c. Registration/  
Document Number

P93000047642

500002386165-6  
-12/30/97-01074-004  
\*\*\*\*156.25 \*\*\*\*156.25

**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

Robert M. Cornfeld, President

DATE

12/12/97

Typed or Printed Name of General Partner Signing Form

Atlantic Resort Development Corp

Daytime Telephone Number

(954) 989-2200

CR2E003 (6/97)