## FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE FLORIDA DEPARTMENT OF STATE CHVERT CH CERTIFICATIONS LIMITED PARTNERSHIP Sandra B. Mortham ANNUAL REPORT Secretary of State 1999 **DIVISION OF CORPORATIONS** 99 FEB 24 AM 10: 16 a. DOCUMENT# **A94000001015** 1. Name of Limited Partnership NORTH PARSONS PLAZA LTD. 3. Date Formed or Registered 5a. Capital Contributions as Shown on record. Principal Office Address Mailing Address 07/26/1994 8000 E. NORTH ARMENIA AVENUE 8000 E. NORTH ARMENIA AVENUE \$400,000.00 TAMPA FL 33604 TAMPA FL 33604 3a. Date of Last Report 04/10/1998 5b. Amount of Capital Contributions in FLORIDA to date 4. State or Country of Formation 2a. Principal Office Address 2. Mailing Address 10,000.00 FL Suite, Apt. #, etc. Suite, Apt. #, etc. 6. FEI Number Applied For 59-3324550 Not Applicable City & State City & State 7. Certificate of Status Desired \$8.75 Additional Ζiρ Zφ Country Country Make check payable to Dept of State See reverse side for fee information) 9. Name and Address of Current Registered Agent PERRY G. GRUMAN, P.A. Street Address (P.O. Box Number Is Not Acceptable) 3400 W. KENNEDY BLVD. **TAMPA FL 33609** 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 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) A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. 11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) Registration/ Document Number 11. City, State & Zip Code Name(s) of General Partner(s) AVE. 5A. NORTE, ENRIQ SOFEL CORPORATION 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)kk). 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 truster.

ARK S. ROSENTHAL

empowered to execute this report as re

Typed or Printed Name of General Partner Signing Form

SIGNATURE V