

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
98 JAN -2 AM 11:20**

**1. Name of Limited Partnership
Barbizon Ltd.**

**1a. DOCUMENT #
A94000001096**

**Mailing Address
200 South Biscayne Blvd.
Miami, FL 33131**

**Principal Office Address
3309 Ocean Drive, Club Dr.
Miami Beach, Florida 33139**

**3. Date Formed or Registered
08/11/1994**

**5a. Capital Contributions as
Shown on record
1,630,000.00**

**3a. Date of Last Report
04/07/1997**

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

4. State or Country of Formation

**2. Mailing Address
200 South Biscayne Blvd.**

**2a. Principal Office Address
530 Ocean Drive**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4815

City & State

City & State

Miami, Florida

Miami Beach, Florida

Zip

Country

Zip

Country

33131

USA

33139

USA

6. FEI Number

☐ 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

**Cavaleri, Maurizio
21000 N.E. 28th Avenue, Suite 214
Aventura, FL 33180
U.S.**

10. If changed, new Registered Agent/Office

Name

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

200 South Biscayne Blvd., Suite 4815

Suite, Apt. #, etc.

4815

City

Miami, FL

FL

Zip Code

33131

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**

Progress One, Inc.

**20191 E. Country Club
Dr. PH. 11**

Aventura, FL 33180

P94000059049

**500002407755--9
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***541.25 ***541.25**

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

DATE

12-30-97

Typed or Printed Name of General Partner Signing Form

MAURIZIO CAVALERI, VP.

Daytime Telephone Number

(305)935-3856

CR2E003 (6/97)