

**FILE ON OR BEFORE APRIL 9, 1997 TO AVOID REVOCATION
AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra Morham
Secretary of State
DIVISION OF CORPORATIONS

***FILED**
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 MAR 31 PM 2:36



1. Name of Limited Partnership

1a. DOCUMENT #
A94000001358

MADRUGA HOLDINGS, LTD.

Mailing Address

% LEE M. CASLER
4210 N. OCEAN DR.
HOLLYWOOD FL 33019

Principal Office Address

% LEE M. CASLER
4210 N. OCEAN DR.
HOLLYWOOD FL 33019

3. Date Formed or Registered

10/05/1994

5a. Capital Contributions as
Shown on record.

\$10,000.00

3a. Date of Last Report

03/05/1996

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

2. Mailing Address

2a. Principal Office Address

4. State or Country of Formation

FL

6. FEI Number

65-0523324

☐ 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

KRAMER, ROBERT M
C/O KRAMER, GREEN & ZUCKERMAN, P.A.
4000 HOLLYWOOD BLVD., SUITE 485 SO.
HOLLYWOOD FL 33021

10. If changed, new Registered Agent/Office

Name

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

Suite, Apt. #, etc.

City

200002129572--B

-04/01/97--01025--008

****173.75 ****173.75

FL

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

CASLER, LEE M

4210 N. OCEAN DRIVE
10830 SW 29 PL

HOLLYWOOD FL 33019
DAVIE, FL
33328

dec 173.75 (new fees)

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I 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

Lee Casler

DATE

3-14-97

Typed or Printed Name of General Partner Signing Form

LEE CASLER

Daytime Telephone Number

954-382-1217

CR2E003 (1/96)