

**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 11:07**

**1.** Name of Limited Partnership

**1a. DOCUMENT #**  
**A94000001450**

**CONTINENTAL FARMS LIMITED**



0912/30

Mailing Address

2020 N.W. 89TH PLACE  
MIAMI FL 33172

Principal Office Address

2020 N.W. 89TH PLACE  
MIAMI FL 33172

**3.** Date Formed or Registered

10/26/1994

**5a.** Capital Contributions as Shown on record

\$9,801,100.00

**3a.** Date of Last Report

01/31/1997

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

**2.** Mailing Address

**2a.** Principal Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**6.** FEI Number

65-0599444

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

**RICHARDS, TIMOTHY D ESQUIRE**  
2665 SOUTH BAYSHORE DRIVE, SUITE 900-703  
MIAMI FL 33133

**10.** If changed, new Registered Agent/Office

Name

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

Suite, Apt. #, etc.

703

City

**FL**

Zip Code

**10a.** Pursuant to the provisions of sections 620.105-1 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)

*Timothy D. Richards*

DATE

12/15/97

**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)

CONTINENTAL FARMS MANAGEMENT

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

2020 N.W. 89TH PLACE

**11b.** City, State & Zip Code

MIAMI FL 33172

**11c.** Registration/Document Number

P94000079308

700002386807-1  
-12/31/97-01023-004  
\*\*\*\*550.00 \*\*\*\*550.00

**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

*James Teper, President of General Partner*

DATE

12/15/97

Typed or Printed Name of General Partner Signing Form

L. JAMES TEPER

Daytime Telephone Number

CR2E003 (6/97)