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

LIMITED PARTNERSHIP **ANNUAL REPORT** 1997



FLORIDA DEPARTMENT OF STATE Sandra Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

DOCUMENT # A9400001527

BOLIVAR FUNDS, LIMITED

empowered to execute this report-

Typed or Printed Name of General Partner Signing Form

SIGNATURE

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SEGRETARY OF STATE TALLAHASSEE, FLORIDA



| Mailing Address 4901 VANDIVEER ROAD JACKSONVILLE FL 32210 | YANDIYEER ROAD 4901 VANDIVEER ROAD | | 3. Date Formed or Registered 11/15/1994 3a. Date of Last Report | 5a. Capital Contributions as Shown on record. \$4,500,000.00 | |
|---|---|--|--|--|--|
| 2. Mailing Address | 2a. Principal Office Address | : | 10/17/1995 4. State or Country of Formation | 5b. Amount of Capital Contributions in FLORIDA to date: | |
| | | | FL. | \$ 4,500,000.000 | |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | | | Applied For Not Applicable | |
| City & State | City & State | | 7. Certificate of Status Desired | \$8.75 Additional | |
| Zip Country | Zip | Zip Country | | Fee Required | |
| | | | 8. Make check payable to: Dept. o | f State (See reverse side for fee information) | |
| 9. Name and Address of Current Registered Agent | | 10. If changed, new Registered Agent/Office | | | |
| GARCIA-BENGOCHEA, JAVIER 4901 VANDIVEER ROAD JACKSONVILLE FL 32210 | | Name | | | |
| | | Street Address (P.O. Box Number is Not Acceptable) | | | |
| | | Suite, Apt. #, etc. | | | |
| | | City Zip Code | | | |
| | | | | FL The state of th | |
| 10a. Pursuant to the provisions of sections 620.1051 the purpose of changing its registered office or re- I am familiar with, and accept the obligations of a | egistered agent, or both, in the State of Florid | | | | |
| SIGNATURE (Registered Agent Accepting Appointment) | | | DAT | E | |
| A GENERAL PARTNER THA | T IS A CORPORATION, | LIMITED PA | RTNERSHIP OR OTH | FR RIISINESS ENTITY | |
| | SI BE REGISTERED A | ND ACTIVE V | /ITH THIS OFFICE. | | |
| 11. Name(s) of General Partner(s) | Address of Foot Open | and Department | | 11c. Registration/ Document Number | |
| | | eral Partner Box Numbers) 11k | | Registration/ | |
| 11. Name(s) of General Partner(s) | 11a. Address of Each Geni (Do NOT Use Post Office | prai Partner Box Numbers) 11t | City, State & Zip Code | Registration/ | |
| 11. Name(s) of General Partner(s) GARCIA-BENGOCHEA, JAVIER | 11a. Address of Each Gent (Do NOT Use Post Office) 4901 VANDIVEER ROA | eral Partner Box Numbers) 11t | JACKSONVILLE FL 32210 | Registration/ | |
| 11. Name(s) of General Partner(s) GARCIA-BENGOCHEA, JAVIER SCHUMACHER, MARGARITA M | 11a. Address of Each Gent 4901 VANDIVEER ROA 2127 N.W. 53RD STRE | eral Partner Box Numbers) 11t | JACKSONVILLE FL 32210 BOCA RATON FL 33433 JACKSONVILLE FL 32210 | 11c. Registration/ Document Number | |
| 11. Name(s) of General Partner(s) GARCIA-BENGOCHEA, JAVIER SCHUMACHER, MARGARITA M | 11a. Address of Each Gent 4901 VANDIVEER ROA 2127 N.W. 53RD STRE | eral Partner Box Numbers) 11t | JACKSONVILLE FL 32210 BOCA RATON FL 33433 JACKSONVILLE FL 32210 | Registration/ | |

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

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