

**FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP
ANNUAL REPORT
1997



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

FLORIDA
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 DEC 19 PM 3:36

1. Name of Limited Partnership

1a. DOCUMENT #
A95000000132

BRIDGE GOVERNOR ASSOCIATES, LTD.



Mailing Address
**230 FIFTH ST.
MIAMI BEACH FL 33139**

Principal Office Address
**230 FIFTH ST.
MIAMI BEACH FL 33139**

3. Date Formed or Registered
01/26/1995

5a. Capital Contributions as
Shown on record
\$1,000.00

3a. Date of Last Report
11/20/1995

5b. Amount of Capital
Contributions in FL OR DA
to date

4. State or Country of Formation
FL

6. FEI Number
65-0550582

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)

2. Mailing Address

2a. Principal Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

9. Name and Address of Current Registered Agent

**VALDES-FAULI CORPORATE SERVICES, INC.
GUNSTER, YOAKLEY, ET AL., 34TH FL.
ONE BISCAYNE TOWER, 2 S. BISCAYNE BLVD.
MIAMI FL 33131**

12/26

10. If changed, new Registered Agent/Office

Name **ROBINS, CRAIG**

Street Address (P.O. Box Numbers Not Acceptable)
230 FIFTH STREET

Suite, Apt. #, etc.

City **MIAMI BEACH FL** Zip Code **33139**

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) *[Signature]*

DATE **12/10/96**

**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 Number)

11b. City, State & Zip Code

11c. Registrar/
Document Number

BRIDGE GOVERNOR ASSOCIATES,

230 FIFTH ST.

MIAMI BEACH FL 33139

P95000006845

**600002040296--6
-12/27/96--01144--005
****191.25 ****191.25**

Note: General partners MAYNOT 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 *[Signature]*

DATE **12/11/96**

Typed or Printed Name of General Partner Signing Form **Craig Robins**

Daytime Telephone Number **305-51-8700**

CR2E003 (6/96)