

FILE FOR BEFORE 1999, RECEIVED BY P
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT



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

FILED

97 JAN -2 AM 8:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Name of Limited Partnership

1a. DOCUMENT #
A95000000256

MELSU PROPERTIES LIMITED

Mailing Address

3666 KLEBBA DRIVE
COCONUT GROVE FL 33133

Principal Office Address

3666 KLEBBA DRIVE
COCONUT GROVE FL 33133

DO NOT WRITE IN THIS SPACE.

2. New Mailing Address, If Applicable

Suite, Apt. #, etc.

City, State & Zip

2a. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

3. Date Formed or Registered to Do Business in
FLORIDA

3a. Date of Last Report

4. State or Country of Formation

City, State & Zip

5a. Capital Contributions as Shown
on Record

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

6. FEI Number

Applied For

7. CERTIFICATE OF STATUS REQUIRED

Not Applicable

\$8.75 Additional Fee required
for a Certificate of Status

8. FEES: 1.) Filing Fee: Computed at a rate of \$7 per \$1,000 on amount entered in 5b or 5a if 5b blank, with a minimum filing fee of \$52.50 and a maximum of \$437.50
2.) Supplemental Fee: \$138.75 (pursuant to section 607.193, F.S.)
THE AMOUNT DUE SHALL BE NO LESS THAN \$191.25 (\$52.50 + \$138.75) AND NO MORE THAN \$576.25 (\$437.50 + \$138.75)

Note: If the amount entered in 5b is greater than amount entered in 5a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.
MAKE CHECK PAYABLE TO FLORIDA DEPT. OF STATE.

9. Name and Address of Current Registered Agent

10. If changed, new Registered Agent/Office

RIFF, MELVYN D

3666 KLEBBA DRIVE

COCONUT GROVE FL 33133

Name

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

Suite, Apt. #, etc.

City

Zip Code

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

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

RIFF, MELVYN D

RIFF, SUE D

34850 SW 187 AVE
3666 KLEBBA DRIVE
34850 SW 187 AVE
3666 KLEBBA DRIVE

HOMESTEAD FL
COCONUT GROVE FL 33133
HOMESTEAD FL
COCONUT GROVE FL 33133

33034
33034

900002054399--8
-01/10/97--01091--003
****585.00 ****585.00

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

DATE

Typed or Printed Name of General Partner Signing Form

Telephone Number