

**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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 APR -3 PM 3:45

1. Name of Limited Partnership

1a. DOCUMENT #
A95000000685

MIG FINANCIAL, LTD.

Mailing Address

250 AUSTRALIAN AVE. SOUTH, SUITE 400
WEST PALM BEACH FL 33401

Principal Office Address

250 AUSTRALIAN AVE. SOUTH, SUITE 400
WEST PALM BEACH FL 33401

2. Mailing Address

2a. Principal Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

3. Date Formed or Registered

05/01/1995

3a. Date of Last Report

11/28/1995

4. State or Country of Formation

FL

6. FEI Number

04-3194153-65-0585284 ☐ 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)

\$208.75

9. Name and Address of Current Registered Agent

10. If changed, new Registered Agent/Office

GOLDBERGER, JANE S
250 AUSTRALIAN AVE. SOUTH
SUITE 400
WEST PALM BEACH FL 33401

Name Sharon Patric

Street Address (P.O. Box Number Is Not Acceptable)
250 Australian Ave, S.

Suite, Apt. #, etc.

Ste 400

City

West Palm Beach

FL

Zip Code

33401

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)

Sharon Patric

DATE

3/31/97

**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)

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

11b. City, State & Zip Code

11c. Registration/
Document Number

MIG FINANCIAL CORPORATION

250 AUSTRALIAN AVE. S

WEST PALM BEACH FL 33

~~P95000003382~~
P94000003382

AR 105
SUPD 103.75

208.75

700002186857--9
-04/08/97--01115--010
****208.75 ****208.75

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

Mig Financial Corporation General Partner
Larry E. Wright, CEO/Secretary

DATE

3/31/97

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

(561) 820-1300