

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 NOV -6 PM 12:22



1. Name of Limited Partnership

1a. DOCUMENT #
A95000000732

DUNNELLON PLAZA LIMITED PARTNERSHIP

Mailing Address

1820 N.E. 163RD STREET
SUITE 200
NORTH MIAMI BEACH FL 33162

Principal Office Address

C/O EDWARD J. SCHACK
1320 S. DIXIE HIGHWAY, SUITE 1180
CORAL GABLES FL 33146

3. Date Formed or Registered

05/08/1995

5a. Capital Contributions as
Shown on record.

\$402,000.00

3a. Date of Last Report

03/18/1997

5b. Amount of Capital
Contributions in FL ORIDA
to date

402,000.00

4. State or Country of Formation

FL

6. FEI Number

65-0582921

☐ 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

3389 SHERIDAN ST

Suite, Apt. #, etc.
Box 302

City & State
HOLLYWOOD, FL

Zip Country
33021 USA

2a. Principal Office Address

Suite, Apt. #, etc.

City & State

Zip Country

9. Name and Address of Current Registered Agent

SCHACK, EDWARD J
1320 S. DIXIE HIGHWAY, SUITE 1180
CORAL GABLES FL 33146

10. If changed, new Registered Agent/Office

Name

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

Suite, Apt. #, etc.

City

FL

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
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

11. Name(s) of General Partner(s)

DUNNELLON PLAZA MANAGEMENT,

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

U.S. HIGHWAY 41 & S.W

11b. City, State & Zip Code

DUNNELLON FL

11c. Registration/
Document Number

P95000036677

400002342404--3
-11/10/97--01059--003
*****550.00 *****550.00

dec (cus)

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

MICHAEL SCHACK

Daytime Telephone Number

954 961-7604

CR2E003 (5/97)