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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 DEC 17 AM 11:35

1. Name of Limited Partnership

1a. DOCUMENT # **A95000000825**

WATERMARK-KLEMOW GROUP IV, LTD.

Mailing Address
10191 WEST SAMPLE ROAD
CORAL SPRINGS FL 33065

Principal Office Address
10191 WEST SAMPLE ROAD
CORAL SPRINGS FL 33065

3. Date Formed or Registered
05/31/1995

3a. Date of Last Report
01/18/1996

4. State or Country of Formation
FL

5a. Capital Contributions as Shown on Records
$1,665,000.00

5b. Amount of Capital Contributions in FLORIDA to date
1,020,504

2. Mailing Address
2001 W. Sample Road
Suite, Apt. #, etc.
Suite # 320
City & State
Pompano Beach, FL
Zip
33064
County

2a. Principal Office Address
2001 W. Sample Road
Suite, Apt. #, etc.
Suite # 320
City & State
Pompano Beach, FL
Zip
33064
County

6. FEI Number
65-0591773
☐ 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.)

9. Name and Address of Current Registered Agent

SCHWARTZ, DAVID A ESQ.
8181 WEST BROWARD BLVD., SUITE 204
PLANTATION FL 33324

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 Section 620.1021, 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 620.1021, 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)	**11a.** Address of Each General Partner (Do NOT Use Post Office Box Numbers)	**11b.** City, State, & Zip Code	**11c.** Registration / Document Number
WILKURT, INC.	10191 WEST SAMPLE ROA	CORAL SPRINGS FL 3306	P94000048328
HARJOR, INC.	10191 WEST SAMPLE ROA	CORAL SPRINGS FL 3306	P94000048327

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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 true and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I release the Division of Corporations from any liability for non-compliance with Section 119.07(3)(i) 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 effect 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 Jordan Klemow DATE 12-11-96

Typed or Printed Name of General Partner Signing Form JORDAN KLEMOW Daytime Telephone Number 954-969-7661

(96/97) 000325O

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