

**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

SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 DEC 24 PM 12:16



1. Name of Limited Partnership

1a. DOCUMENT #
A95000001529

TRANCE PLANET, LTD.

Mailing Address:
**815 LINCOLN ROAD
MIAMI BEACH FL 33139**

Principal Office Address:
**815 LINCOLN ROAD
MIAMI BEACH FL 33139**

3. Date Formed or Registered
10/11/1995

5a. Capital Contribution (as
Shown on Record)
\$1,000.00

3a. Date of Last Report
04/05/1996

5b. Amount of Capital
Contribution (as of Date
to date)

4. State or Country of Formation
FL

6. FE Number
65-0612692

☐ 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 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

**COBER CORPORATE AGENTS, INC.
2601 SOUTH BAYSHORE DRIVE, 19TH FLOOR
MIAMI FL 33133**

10. If changed, new Registered Agent/Office:

Name:
Street Address (P.O. Box Number): **600002045676**
City, State, Apt. #, etc: **01/03/97 01133 014**
City, State, Apt. #, etc: *****191.25 ***191.25**
City, State, Apt. #, etc: **FL** Zip Code:

10a. For use only in the presence of a duly qualified Florida 1997 Florida Statutes, for those limited liability partnerships organized or registered under the laws of the State of Florida, submit this statement for the purpose of changing the registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). Thereby accept the appointment of registered agent. I, in addition with, and accept the obligation of section 620.1902 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

TRANCE PLANET, INC.

815 LINCOLN ROAD

MIAMI BEACH FL 33139

P95000077961

OR 12/31

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I, hereby certify that the information supplied with this filing voluntarily furnished and does not qualify for the exemption stated in Section 119.02(1)(b), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.02(3)(b) in the event that the information supplied is deemed exempt from public access. I further certify that the information included on this annual report is true and correct, and that by signing this report, I have made the same legal affidavit as if made under oath. I further certify that I am a General Partner of the limited partnership (hereinafter referred to as the partnership) and I am responsible for the information supplied on this report as required by Florida Statutes.

SIGNATURE

DATE

Type for Print Name of General Partner beginning with

Daytime Telephone Number