

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

98 JAN -2 PM 1:30

114



1. Name of Limited Partnership

1a. DOCUMENT #
A95000001572

TRI-STONE PARTNERS, LTD.

Mailing Address

5200 TOWN CENTER CIRCLE, 4TH FLOOR
BOCA RATON FL 33486

Principal Office Address

5200 TOWN CENTER CIRCLE, 4TH FLOOR
BOCA RATON FL 33486

3. Date Formed or Registered

10/20/1995

3a. Date of Last Report

12/16/1996

4. State or Country of Formation

FL

5a. Capital Contributions as
Shown on record

\$2,475.00

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

\$2,475.00

2. Mailing Address

150 East Palmetto Park

Suite, Apt. #, etc.

Suite 400

City & State

Boca Raton, FL

Zip Country

33432 USA

2a. Principal Office Address

150 East Palmetto Park

Suite, Apt. #, etc.

Suite 400

City & State

Boca Raton, FL

Zip Country

33432 USA

6. FEI Number

65-0618904

☐ 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

MICHAEL ZUCKER
C/O RAMM OF DAVIE, INC.,
5200 TOWN CENTER CIRCLE, SUITE 400
BOCA RATON FL 33486

10. If changed, now Registered Agent/Office

Name

Michael Zucker, C/O RAMM of Davie, Inc.
Street Address (P.O. Box Number Is Not Acceptable)
150 East Palmetto Park

Suite, Apt. #, etc.

Suite 400

City

Boca Raton

FL

Zip Code
33432

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)

RAMM OF DAVIE, INC.

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

5200 TOWN CENTER CIRC

11b. City, State & Zip Code

BOCA RATON FL 33486

11c. Registration/
Document Number

P95000080246

0000002402120-0
-01/15/98-01101-025
***156.25 ***156.25

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 December 18, 1997

Typed or Printed Name of General Partner Signing Form

Michael Zucker

Daytime Telephone Number 561-394-9260

CR2E003 (6/97)