

**FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP  
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

**LIMITED PARTNERSHIP  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

1a. DOCUMENT #  
**A95000001691**

**COCONUT CREEK PLAZA ASSOCIATES, LTD.**

Mailing Address

ONE TURNBERRY PLACE  
19495 BISCAYNE BLVD., SUITE 600  
AVENTURA FL 33180

Principal Office Address

ONE TURNBERRY PLACE  
19495 BISCAYNE BLVD., SUITE 600  
AVENTURA FL 33180

2. Mailing Address

Suite, Apt #, etc

City & State

Zip

Country

2a. Principal Office Address

Suite, Apt #, etc

City & State

Zip

Country

3. Date Formed or Registered

11/07/1995

3a. Date of Last Report

01/02/1998

4. State or Country of Formation

FL

6. FEI Number

65-0617396

7. Certificate of Status Desired



\$8.75 Additional  
Fee Required

8. Make this payable to: Dept. of State (See reverse side for fee information)

5a. Capital Contributions as  
Shown on record

\$2,000,000.00

5b. Amount of Capital  
Contributions in FLOIDA  
to date

\$1,348,870.00

☐ Applied For  
☐ Not Applicable

9. Name and Address of Current Registered Agent

BATIEVSKY, HENRY  
ONE TURNBERRY PLACE  
19495 BISCAYNE BLVD., SUITE 600  
AVENTURA FL 33180

Name

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

Suite, Apt #, etc

City

10. If changed, new Registered Agent/Office

100002763711-4

02/03/99-01065-018

\*\*\*526.25 \*\*\*526.25

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)

K. SOUTH, INC.  
AEP COCONUT, INC.

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

7000 W. PALMETTO PARK  
19495 BISCAYNE BLVD.,

11b. City, State & Zip Code

BOCA RATON FL 33422  
AVENTURA FL 33180

11c. Registration  
Document Number

P95000085418  
P95000082820

**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)(b), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(b) 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

*Henry Batievsky*

DATE

12/23/98

Typed or Printed Name of General Partner Signing Form

HENRY BATIEVSKY, VP  
of AEP COCONUT, INC.

Daytime Telephone Number

(305) 933-9200

CR2E003 (8/98)