

A95000001710

1750.00 - FF
CM

FILED
97 JAN -6 PM 4: 24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1/07/97 CORPORATE DETAIL RECORD SCREEN 11:47 AM
NUM: A95000001710 ST:FL ACTIVE/FL LP FLD: 11/07/1995
LAST: CONTRIBUTION CHANGE FLD: 02/21/1996
ACT CONT: 900,000.00 FEI#: 65-0621505
NAME : DUCHARME FAMILY PARTNERSHIP, LTD.
PRINCIPAL: % DUANE E. DUCHARME
ADDRESS 7401 BAY COLONY DRIVE
NAPLES, FL 33963
RA NAME : HILFIKER, ALAN F ESQ
RA ADDR : 800 LAUREL OAK DRIVE, SUITE 400
NAPLES, FL 33963 US
ANN REP :

(1996) I 02/21/96

800002057768--2
-01/14/97--01140--024
***2326.25 ***1750.00

1. MENU, 3. PARTNERS, 4. EVENTS

ENTER SELECTION AND CR:

SUPPLEMENTAL AFFIDAVIT OF CAPITAL CONTRIBUTIONS
FOR A FLORIDA LIMITED PARTNERSHIP

The undersigned, constituting all of the general partners of DuCharme Family Partnership, LTD, a Florida Limited Partnership, executed this supplemental affidavit filed pursuant to section 620.112, Florida Statutes.

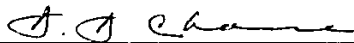
The total amount of the capital contributions of the limited partners is \$1,515,000.

This 31st day of December, 1996.

FURTHER AFFIANT SAYETH NOT.

Under penalties of perjury we declare that we have read the foregoing and that the facts are true, to the best of our knowledge and belief.

General Partners



DuCharme Family Equities, Inc.

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TALLAHASSEE, FLORIDA

FILED 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

97 JAN 14 PH12:21

1. Name of Limited Partnership

1a. DOCUMENT #
A95000002107

CHIG PARTNERS, LTD.

Mailing Address

% NORTH MIAMI BEACH COMMERCE CENTER, L.C.
ATTN: RHONDA KURZMAN 16496 NE 31ST AVE.
NORTH MIAMI BEACH FL 33160

Principal Office Address

% NORTH MIAMI BEACH COMMERCE CENTER, L.C.
ATTN: RHONDA KURZMAN 16496 NE 31ST AVE.
NORTH MIAMI BEACH FL 33160

3. Date Formed or Registered

12/29/1995

3a. Date of Last Report

02/26/1996

5a. Capital Contributions as
Shown on record

26,041.00
2/14/97

5b. Amount of Capital
Contributions in FL/DH/DA
to date

26041

4. State or Country of Formation

FL

6. FEI Number

65-0634451

☐ Applied For
☐ Not Applicable

7. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

8. Make check payable to Dept. of State. See reverse for information.

2. Mailing Address

C/O SECURITY REALTY

Suite Apt. # etc

15499 W. DIXIE HIGHWAY

City & State

N. MIAMI BEACH, FL

Zip
33162

Country

2a. Principal Office Address

C/O SECURITY REALTY

Suite Apt. # etc

15499 W. DIXIE HIGHWAY

City & State

N. MIAMI BEACH, FL

Zip
33162

Country

9. Name and Address of Current Registered Agent

NORTH MIAMI BEACH COMMERCE CENTER, LC
16496 NE 31ST AVE.
NORTH MIAMI BEACH FL 33160

ATTN: RHONDA KURZMAN

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)

HOCHHAUSER, PAUL

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

ONE BAY BLVD.

11b. City, State & Zip Code

LAWRENCE NY 11559

11c. Registration/
Document Number

200002047082--7
-01/07/97--01009--010
***321.03 ***321.03

OK
1-14

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 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

Paul Hochhauser

DATE

12/4/96

Typed or Printed Name of General Partner Signing Form PAUL HOCHHAUSER

Daytime Telephone Number (516) 869-6616