A95000001710

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

#1750.00-FF
CM

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.

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TALLAHASSEE, FLORIDA

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.

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
97 JAN 14 PM 12:21

1. Name of Limited Partnership

CHIG PARTNERS, LTD.

1a. DOCUMENT # A95000002107

Mailing Address	Principal Office Address
~~% NORTH MIAMI BEACH COMMERCE CENTER, LC.~~ ~~ATTN: RHONDA KURZMAN 16496 NE 31ST AVE.~~ ~~NORTH MIAMI BEACH FL 33160~~	~~% NORTH MIAMI BEACH COMMERCE CENTER, LC.~~ ~~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

4. State or Country of Formation: FL

5a. Capital Contributions as Shown on record: 26,041.00 Rec'd 1-14-97

5b. Amount of Capital Contributions in FLORIDA to date: 26041

2. Mailing Address	2a. Principal Office Address
C/O SECURITY REALTY	C/O SECURITY REALTY
Suite Apt #, etc: 15499 W. DIXIE HIGHWAY	Suite Apt #, etc: 15499 W. DIXIE HIGHWAY
City & State: N. MIAMI BEACH, FL	City & State: N. MIAMI BEACH, FL
Zip: 33162 Country:	Zip: 33162 Country:

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 side for fee information.

9. Name and Address of Current Registered Agent	10. If changed, new Registered Agent/Office
NORTH MIAMI BEAWCH COMMERCE CENTER, LC 16496 NE 31ST AVE. NORTH MIAMI BEACH FL 33160 ATTN: RHONDA KURZMAN	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)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number
HOCHHAUSER, PAUL	ONE BAY BLVD.	LAWRENCE NY 11559	200002047082--7 -01/07/97--01009--010 ****321.03 ****321.03

1-14

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)(x), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(x) 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 12/4/96

Typed or Printed Name of General Partner Signing Form: PAUL HOCHHAUSER Daytime Telephone Number: (516) 869-6616