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

1. Name of Limited Partnership

1a. DOÇÜMENT # **A95000001927** FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 DEC 22 PM 2: 48



YACHT CLUB AT PORTOFINO, LTD.			1 1941811 (819 1819) 81111 83111 83111 93111 93111 93111 93111 9311 11914 11914 (1891 1891 1891	
Mailing Address ONE SOUTH POINTE DRIVE MIAMI BEACH FL 33139	Principal Office Address ONE SOUTH POINTE DRIVE MIAMI BEACH FL 33139	ONE SOUTH POINTE DRIVE MIAMI BEACH FL 33139 2a. Principal Office Address		58. Capital Contributions as Shown on record. \$138,594.00
2. Malling Address Suite, Apt. #, etc.	2a. Principal Office Address Suite, Apt. #, etc.			5b. Amount of Capital Contributions in FLORIDA to date: 6, 4/5, 000
City & State	City & State			84√7 ☐ Applied For ☐ Not Applicable
Zip Country	Zip	Zip Country		\$8.75 Additional Fee Required
* ,			8. Make check payable to: Dept. of	State (See reverse side for fee Information)
	flice or registered agent, or both, in the State of Filipations of section 620.192, Florida Statytes.	Suite, Apt. #, etc City MIA med limited partnershilorida. Such change v	H (eby accept the appointment of registered
N	IUST BE REGISTERED A	ND ACTIVE	WITH THIS OFFICE.	Projectation/
11. Name(s) of General Partner(s) TRG-YCP, LTD.	11a. (Do NOT Use Post Office 2828 CORAL WAY, PH		1b. City, State & Zip Code MIAMI FL 33145	A96000001267 355351 1 37 /8801081011
4				.50.00 ****550.00

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

12. I do hereby certily 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 hability 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 eath. I further certify that I am a General Partner of the limited partnership, receiver or trustee

DATE . 7460 3900

Typed or Printed Name of General Partner Signing Form