

**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

96 DEC 20 PM 4: 04



1. Name of Limited Partnership	1a. DOCUMENT # A95000001932
BLUE ANGEL LIMITED PARTNERSHIP	

Mailing Address C/O THE RICHMAN GROUP OF FLORIDA INC. 830 CLEMATIS STE 210 WEST PALM BEACH FL 33401 222 CLEMATIS STREET STE 207		Principal Office Address 300 CLEMATIS STE 210 WEST PALM BEACH FL 33401 222 CLEMATIS STREET STE 207		3. Date Formed or Registered 12/11/1995	5a. Capital Contributions as Shown on record \$1,000.00
2. Mailing Address		2a. Principal Office Address		3a. Date of Last Report 05/02/1996	5b. Amount of Capital Contributions in FLORIDA to date:
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. State or Country of Formation FL	
City & State		City & State		6. FEI Number 59-3230864 ☐ Applied For ☒ Not Applicable	
Zip Country		Zip Country		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 WOLFE, LEON J ESQ. C/O BERMAN, WOLFE & RENNERT, P.A. 100 S.E. 2ND STREET, 3500 INTERNATIONAL PL MIAMI FL 33131-2130	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) THE RICHMAN GROUP OF FLORIDA	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 330 CLEMATIS, STE. 21	11b. City, State & Zip Code WEST PALM BEACH FL 33	11c. Registration/Document Number P93000082822 OR 12-27
--	---	---	---

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

12/9/96

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

CR2E003 (6/96)