

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. Mortimer
Secretary of State
DIVISION OF CORPORATIONS

A95000002100

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 JUN 12 PM 3:21

1. Name of Limited Partnership:

1a. DOCUMENT #
A95000002100

NEXT BOYNTON HOMES COMPANY, LTD.



Mailing Address

Principal Office Address

~~901 PONCE DE LEON BLVD.~~
~~STE. 600~~
~~CORAL GABLES FL 33134~~

~~901 PONCE DE LEON BLVD.~~
~~STE. 600~~
~~CORAL GABLES FL 33134~~

2. Mailing Address

2a. Principal Office Address

Su **3850 Bird Road**
2nd Floor
Cr, **Miami, Florida 33146**

Suit **3850 Bird Road**
2nd Floor
City **Miami, Florida 33146**

Zip Country

Zip Country

3. Date Formed or Registered

12/28/1995

3a. Date of Last Report

01/22/1997

4. State or Country of Formation

FL

5a. Capital Contributions as
Shown on record.

\$1,500.00

5b. Amount of Capital
Contributions in FLORIDA
to date

6. FEI Number

65-0638714

☐ 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

FLAGSHIP DEVELOPMENT CORPORATION

~~901 PONCE DE LEON BLVD.~~
~~STE. 600~~
~~CORAL GABLES FL 33134~~

Name

Street Address **3850 Bird Road**
2nd Floor
Suite, A **Miami, Florida 33146**

City

FL Zip Code

10. If changed, new Registered Agent/Office

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

FLAGSHIP DEVELOPMENT CORPORA

901 PONCE DE LEON BLV

CORAL GABLES FL 33134

P93000042963

900002560669-1
-06/16/98-01055-004
******650.00 ****650.00**

REINSTATEMENT

Handwritten signature and date 6/12

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

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

Manuel M. MATO

6/11/98
305) 445-6171

CR2E003 (6/97)