

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

FILED
Jan 08 1998 8:00 am
Secretary of State

1. Name of Limited Partnership

1a. DOCUMENT #
A96000000297

CLIFTON/RBG XXIV LTD.



92 1/8

Mailing Address

**7200 WEST CAMINO REAL, SUITE 314
BOCA RATON FL 33433**

Principal Office Address

**7200 WEST CAMINO REAL, SUITE 314
BOCA RATON FL 33433**

3. Date Formed or Registered

02/12/1996

5a. Capital Contributions as Shown on record

\$1,700,000.00
\$1,700,000.00

3a. Date of Last Report

12/11/1996

5b. Amount of Capital Contributions in FL (FLIDA to date)

970,000.00

2. Mailing Address

2a. Principal Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. State or Country of Formation

FL

6. FEI Number *65-0619824*
APPLIED FOR

☐ 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

**WIENER, DAVID J ESQ.
C/O LEVY, KNEEN, ET AL
1400 CENTREPARK BLVD., SUITE 1000
W. PALM BEACH FL 33401**

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 620.106-1 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)

**CLIFTON VENTURES IV, INC.
RBG XXIV CORP.**

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

**7200 W. CAMINO REAL,
154 WEST HUBBARD STRE**

11b. City, State & Zip Code

**BOCA RATON FL 33433
CHICAGO IL 60610**

11c. Registration/Document Number

**P95000063605
F96000000398**

300002398423--7
-01/13/98--01062--020
******541.25 ****541.25**

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

Typed or Printed Name of General Partner Signing Form

CLIFTON VENTURES IV, INC.
BY PHILIP A. BONNS IS PRESIDENT

DATE

12/15/97
(30)362-0444

CR2E003 (6/97)