

FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

AMENDED

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 APR -9 AM 8:55

1. Name of Limited Partnership

1a. DOCUMENT #

A 96 000 000 704

CHARLES BRIDGE, LTD.

900002141269--8

-04/11/97--01128--007

****156.25 ****156.25

4-9

Mailing Address C/O MARK RUTECKI

Principal Office Address

~~100~~ 100 SE 2ND ST.
#3350
MIAMI FLA. 33131

3. Date Formed or Registered

4/11/96

5a. Capital Contributions as
Shown on record

~~10.00~~ 10.00

3a. Date of Last Report

NONE

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

~~10.00~~ 10.00

2. Mailing Address 100 SE 2ND ST
#3350, MIAMI FL 33131

2a. Principal Office Address

100 SE 2ND ST C/O
MARK RUTECKI
#3350

Suite, Apt. #, etc.
3350

Suite, Apt. #, etc.

City & State
MIAMI FLA

City & State
MIAMI FLA

Zip Country
33131 USA

Zip Country
33131 USA

4. State or Country of Formation

Fla.

6. FEI Number

~~992 54 2352~~

☒ 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

MARK RUTECKI
100 SE 2ND ST, #3350
MIAMI FLA 33131

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

Thomas Ferrazza

171 M. Street

Boston, Mass.
02127

900002141269--8

-04/11/97--01128--008

*****8.75 *****8.75

CWS / KWM

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

Thomas Ferrazza

DATE

Feb. 18, 1997

Typed or Printed Name of General Partner Signing Form

THOMAS FERRAZZA

Daytime Telephone Number

(305) 347-4020

CR2E003 (6/96)