

**FILE ON OR BEFORE APRIL 8, 1998 TO AVOID
REVOCATION AND \$500 PENALTY FEE**

FILED

98 MAR 20 AM 11:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**LIMITED PARTNERSHIP
ANNUAL REPORT
1998**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

1a. DOCUMENT #
A96000000778

1233 COLLINS AVENUE, LTD.



Mailing Address

Principal Office Address

C/O ISLAND TRADING
825 EIGHTH AVE., 24TH FLOOR
NEW YORK, NY 10014

1330 OCEAN DRIVE, 4TH FLOOR
MIAMI BEACH FL 33139

3. Date Formed or Registered

04/23/1996

5a. Capital Contributions as
Shown on record.

\$100.00

3a. Date of Last Report

04/04/1997

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

\$ 559,760⁰⁰

4. State or Country of Formation

FL

2. Mailing Address

4 Columbus Circle

2a. Principal Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

Suite, Apt. #, etc.

5th Floor

City & State

New York, N.Y.

Zip

10019

Country

USA

6. FEI Number

13-3916674

☐ 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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

10. If changed, new Registered Agent/Office

Name

FF \$526.25

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

ISLAND TRADING HOLDINGS, INC

1330 OCEAN DRIVE, 4TH

MIAMI BEACH FL 33139

P98000035880

800002462908--3
-03/20/98--01014--009
***2276.25 ***526.25

dec

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

Meg Sueb

DATE

3/16/98

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

CR2E003 (12/97)