FIVE 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 Mostham

Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

DOCUMENT# A96000001194

THE JIMENEZ FAMILY LIMITED PARTNERSHIP #1

FILED

97 FEB 27 PM 4 00

SECRETARY OF STATE TALLAHASSEE, FLORIDA



8427 S.W. 147TH COURT MIAMI FL 33183 8427 S.W. 147TH COURT MIAMI FL 33183 8427 S.W. 147TH COURT MIAMI FL 33183 8428 S.W. 147TH COURT MIAMI FL 33183 8429 S.W. 147TH COURT MIAMI FL 33183 8420 S.W. 147TH COURT MIAMI FL 3							
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2. Making Address 28. Principal Office Address Suite Apt. #, etc. City & State City	•				5b. Amor	int of Capital ibutions in FLORIDA	
City & State Country Country Zip Country Zip Country Zip Country Research Rese	2. Mailing Address	2a. Principal Office Address		4. State or Country of Formation 10 date:		le:	
Tourish Tour	Suite, Apt. #, etc.	Suite, Apt. #, etc.		17.6	. —	Applied For	
2p Country 8. Make check payable to Dept. of State (See reverse aids for foe information) 9. Name and Address of Current Registered Apent 10. If changed, new Registered Apent/Office WILEN, BARRY A ESO. 4601 SHERIDAN STREET, SUITE 208 HOLLYWOOD FL 33021 Suite, Apt. #, etc. City FL Zip Code City FL Zip Code City FL Zip Code To the purpose of changing its registered of foce or registered apent, or both, in the State of Florida Such change was authorized by its general partner(s). It hereby accept the appointment of registered apent and familiar with, and accept the obligations of section 50: 192. Florida Statules. SIGNATURE (Registered Agent Accepting Appointment) 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) 11. Name(s) of General Partner(s) 427 S.W. 147TH COURT MIAMI FL 33183 Note: General partners MAY NOT be changed on this form; an amendment must be filled to change a general partner. Note: General partners MAY NOT be changed on this form; an amendment must be filled to change a general partner. 12. Lide forester could be section 158 (7073N). Fiorida Statules interest the Division of 201, 10 1, 1	City & State	City & State			17		
WILEN, BARRY A ESO. 4601 SHERIDAN STREET, SUITE 208 HOLLYWOOD FL 33021 Suite, Apt. #, etc. City FL Zip Code The purpose of changing its registered office or registered agent, or both, in the State of Florida. Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida such change was authorized by its general partner(s). I hareby accept the appointment of registered agent accepting Appointment 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. (p. 0/050*95s* of Each (Spreage Partners) JMENEZ, DIOSELINA 8427 S.W. 147TH COURT MIAMI FL 33183 SODIDO 2 10 1 7 7 5 - 6 -03/03/9701011001 **************************	Zip Country	Zip Country		Fee Required		Fee Required	
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## Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc.		egistered Agent		10. If changed, new Registered Agent/Office			
Sulfa. 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 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	•						
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11. Name(s) of General Partner(s) 11a. (po NOT Use Post Office Box Numbers) 11b. City, State & Zip Code 11c. Registration/ Document Number 11b. City, State & Zip Code 11c. Registration/ Document Number 11c. Registration/ Document Number 11d. (po NOT Use Post Office Box Numbers) 11d. (po NOT Use Post Office Box Numbers) 11d. City, State & Zip Code 11c. Registration/ Document Number 11d. (po NOT Use Post Office Box Numbers) 11d. (po NOT Use	SIGNATURE (Registered Agent Accepting Appointment)		IMITED PAR			NESS ENTITY	
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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	Note: Ganeral partners MAY NOT I		541	1.25 (mem)	(aey		
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.	Corporations from any liability of non-compliance with Se	ection 119.07(3)(k) in the event that the into	ormation supplied is dea	emed exempt from public access. I furth	er certify that t	he information indicated on	
SIGNATURE DIOSELINA JIMENEZ DATE DIOSELINA JIMENEZ (305) 592-3572	empowered to execute this report as required by chapte	er 620, Florida Statutes.	rmade under oath, i furt	ner certiry that I am a General Partner o	the limited pa	nnership, receiver or trustee	

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