

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

LIMITED PARTNERSHIP ANNUAL REPORT 1997	 Sandra Matham Secretary of State DIVISION OF CORPORATIONS	FLORIDA DEPARTMENT OF STATE
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 JAN -2 AM 8:23

1. Name of Limited Partnership

1a. DOCUMENT #

A96000001435

T.T. SAN JUAN CAPISTRANO ASSOCIATES, LTD.

Mailing Address

One Park Place
621 N.W. 53rd St.
Suite 450
Boca Raton, FL 33487

Principal Office Address

One Park Place
621 N.W. 53rd St.
Suite 450
Boca Raton, FL 33487

2. Mailing Address
N/A

2a. Principal Office Address
N/A

Suite, Apt. #, etc.
N/A

Suite, Apt. #, etc.
N/A

City & State
N/A

City & State
N/A

Zip Country
N/A

Zip Country
N/A

3. Date Formed or Registered
08/01/96

5a. Capital Contributions as
Shown on record
\$1,000.00

3a. Date of Last Report

N/A

4. State or Country of Formation

Florida

5b. Amount of Capital
Contributions in FLORIDA
to date:
\$1,000.00

6. FEI Number
65-0689030

☐ 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

Lawrence N. Rosen
2925 Aventura Boulevard
Suite 308
Boca Raton, FL 33487

10. If changed, new Registered Agent/Office

Name
Neesa B. Warlen
Street Address (P.O. Box Number is Not Acceptable)
621 N.W. 53rd Street
Suite, Apt. #, etc.
Suite 450
City
Boca Raton FL Zip Code
33487

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)

Neesa B. Warlen DATE 12/27/96

**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)

T.T. SAN JUAN
CAPISTRANO, INC.

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

One Park Place
621 N.W. 53rd St.
Suite 450

11b. City, State & Zip Code

Boca Raton, FL
33487

11c. Registration/
Document Number

P96000064298

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-01/10/97--01003--007
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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 By: *Richard S. Weissman* T.T. San Juan Capistrano, Inc., a Florida corporation, as sole General Partner for T.T. SAN JUAN CAPISTRANO ASSOCIATES, LTD. DATE 12/27/96

Typed or Printed Name of General Partner Signing Form: Richard S. Weissman, President Daytime Telephone Number (561) 994-6226 T.T. San Juan Capistrano, Inc.

CR2E003 (6/96)