## FILE ON OR BEFORE APRIL 9, 1997 TO AVOID REVOCATION AND \$500 PENALTY FEE

## LIMITED'PARTNERSHIP **ANNUAL REPORT** 1997



FLORIDA DEPARTMENT OF STATE

Sandra Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

a. DOCUMENT # **A9600001607** 

ATLANTIC CLIPPER FOUNDATION, LTD.

97 FEB 20 AM 10: 25



Melling Address 2601 S. BAYSHORE DRIVE, PH-1			3. Date Formed or Registered 08/29/1996	5a. Capital Contributions as Shown on record.	
MIAMI FL 33133	MIAMI FL 33133		38. Date of Last Report	\$1,000.00	
			None Filed	5h America of Control	
			4. State or Country of Formation	5b. Amount of Capital Contributions in FLORIDA to date:	
2. Mailing Address	2a. Principal Office Address	· ·	FL FL	#1,000.00	
Suite, Apt. #, etc.	Sulte, Apt. #, etc.		6. FEI Number	Applied For	
City & State	City & State		7. Certificate of Status Desired	Not Applicable  \$8.75 Additional	
Zip Country	Zip	Country	8. Make check payable to: Dept. of	Fee Required  State (See reverse side for fee information)	
9. Name and Address of Co	urrent Registered Agent		10. If changed, new Registere	d Agent/Office	
Name		Name			
GOODKIND, BRIAN K ESQ. 2601 S. BAYSHORE DRIVE, SUITE 1600		Street Address (P.O. Box Number Is Not Acceptable)			
MIAMI FL 33133		Suite, Apt. #, etc.			
		City	FL Zip Code		
SIGNATURE (Registered Agent Accepting Appointmen  A GENERAL PARTNER TH	<u> </u>	LIMITED PAR	TNERSHIP OR OTHE		
11. Name(s) of General Partner(s)	11a. Address of Each Gener	ol Darinas	City, State & Zip Code	11c. Registration/ Document Number	
ATLANTIC FOUNDATION, INC.	2601 S. BAYSHORE DR		IAMI FL 33133	P96000072140 D990B54 /9701113006	
<b>.</b>			500002 -02/26 ****1	0990854 /9701113006 56.25 ****156.25	
•		N.	u Fees	KWM	
Note: General partners MAY N	IOT be changed on this form	n; an amendm	ent must be filed to cha	ange a general partner.	
annual report is true and accurate and that are s empowered to execute this report as required by	e with Section 119.07(3)(k) In the event that the in Ignature shall have the same legal effects as if m	nformation supplied is dee	med exempt from public access. I further ertify that I am a General Partner of the I	certify that the information indicated on this	
SIGNATURE Rosario	Kennedy, President	Inc	DATE		