## 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

Name of Limited Partnership

DOCUMENT # A96000001641

T.T. RANCHO CUCAMONGA ASSOCIATES, LTD. 97-92

FILED 97 APR 23 AM 11: 37 SECRETARY OF STATE TALLAHASSEE, FLORIDA



|  |  | CW.  |   |   |  |
|--|--|--|---|---|--|
| Mailing Address  ONE PARK PLACE 621 N.W. 53RD STREET, SUITE 450 BOCA RATON FL 33487  | Principal Office Address  ONE PARK PLACE 621 N.W. 53RD STREET, SUITE 450 BOCA RATON FL 33487 |  | 3. Date Formed or Registered 09/05/1996 38. Date of Last Report | 58. Capital Contributions as Shown on record. \$1,000.00  5b. Amount of Capital Contributions in FLORIDA to date: |  |
| 2. Mailing Address   | 2a. Principal Office Address   |  | 4. State or Country of Formation                                | 65-0729296  |  |
| Suite, Apt. #, etc.  | Suite, Apt. #, etc.  |  | 6, FEI Number   | Applied For Not Applicable  |  |
| City & State  Zip Country  | City & State   |  |   | \$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  |  | Name   | 10. If changed, new Registered Agent/Office                     |   |  |
| ROSEN, LAWRENCE N<br>2925 AVENTURA BLVD., SUITE 308<br>AVENTURA FL 33180   |  | NEESA B. WARLEN ESO.  Street Address (P.O. Box Number is Not Acceptable)  621 NW 53 rd Street Suite 450  Suite, Apt. #, etc. |   |   |  |
| Сну  |  | City Porce (   | Baca Raton FL 33487   |   |  |
| Pursuant to the provisions of sections 620.1051 and 620.102, 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 tamiliar with, and accept the obligations of section 620.192, Florida Statutes.  SIGNATURE (Registered Agent Accepting Appointment). The State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent.  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 Genera<br>(Do NOT Use Post Office Bo                                    | Partner 11b.   | City, State & Zip Code  | 11c. Registration/<br>Document Number   |  |
| T.T. RANCHO CUCAMONGA, INC.  | 621 N.W. 53RD STREET   | , 8  | OCA RATON FL 33487  | P98000073423 (F.) 800 EV.   |  |
|  |  |  |   |   |  |
| Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.  |  |  |   |   |  |
| 12. I de 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 that 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 630. Torida Statutes. |  |  |   |   |  |
| SIGNATURE DATE 31/717  |  |  |   |   |  |
| Typed or Printed Name of General Partner Signing Form PICHARD S. WEISSMAN Daylime Telephone Number 561-994-6226  |  |  |   |   |  |