

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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
97 JAN 21 PM 3:44  
21

LIMITED PARTNERSHIP  
ANNUAL REPORT  
A9600001673  
FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

1. Name of Limited Partnership  
1997  
VANDERBILT INVESTORS, LTD.

1a. DOCUMENT #  
A9600001673

Mailing Address  
363 Granello, Ave.  
Coral Gables, FL 33146

Principal Office Address  
363 Granello Ave.  
Coral Gables, FL 33146

3. Date Formed or Registered  
9/4/96

5a. Capital Contributions as  
Shown on record  
\$10,000.00

3a. Date of Last Report  
n/a

5b. Amount of Capital  
Contributions in FLORIDA  
to date  
\$10,000.00

2. Mailing Address

2a. Principal Office Address

4. State or Country of Formation  
FL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

6. FEI Number  
65-0705001  
☐ Applied For  
☒ Not Applicable

City & State

City & State

7. Certificate of Status Desired  
☐ \$8.75 Additional  
Fee Required

Zip

Zip

8. Make check payable to Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent  
Norman S. Weider, Esq.  
100 S.E. 2nd Street  
Suite 3910  
Miami, FL 33131

10. If changed, new Registered Agent/Office  
Name  
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<br>(Do NOT Use Post Office Box Numbers) | 11b. City, State & Zip Code | 11c. Registration/<br>Document Number |
|-----------------------------------|------------------------------------------------------------------------------|-----------------------------|---------------------------------------|
| GULFSIDE VENDERBILT, INC.         | 363 Granello Ave.                                                            | Coral Gables, FL<br>33146   | P96000071861                          |

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  
JACKSON WARD, PRESIDENT  
DATE Jan. 17, 1996  
Daytime Telephone Number 305-442-4600

CR2C03 (5/96)



THE UNITED STATES  
CORPORATION  
COMPANY

# A96000001673

ACCOUNT NO. : 072100000032

REFERENCE : 228242 ~~86019A~~

AUTHORIZATION :

*Patricia P. [signature]*

COST LIMIT : \$ ~~200.00~~

ORDER DATE : January 20, 1997

182.50

ORDER TIME : 4:23 PM

ORDER NO. : 228242-005

CUSTOMER NO: 86019A

700002063257--9

CUSTOMER: Norman S. Weider, Esq  
Norman S. Weider, Esq  
Suite 3910  
100 S.e. 2nd Street  
Miami, FL 33131

ANNUAL REPORT FILING

NAME: VANDERBILT INVESTORS, LTD.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX PLAIN STAMPED COPY  
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susana Romagosa

EXAMINER'S INITIALS: \_\_\_\_\_

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