

**FILE 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 Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

97 JAN 22 PM 3:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Name of Limited Partnership

1a. **DOCUMENT #**
A96000001856

NO. 70 IOV DEVELOPMENT, LTD.

Mailing Address

% GERALD W. GRITTER
100 NORTHEAST THIRD AVENUE, SUITE 1100
FT. LAUDERDALE FL 33301

Principal Office Address

% GERALD W. GRITTER
100 NORTHEAST THIRD AVENUE, SUITE 1100
FT. LAUDERDALE FL 33301

3. Date Formed or Registered

10/04/96

5a. Capital Contributions as
Shown on record.

1,910,000.00

3a. Date of Last Report

none

S.A.
filed 1-22-97

5b. Amount of Capital
Contributions in FLORIDA
to date

652,500

4. State or Country of Formation

FL

2. Mailing Address

2a. Principal Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. FEI Number

65-0700558

☐ 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 information)

9. Name and Address of Current Registered Agent

EMO CORPORATE SERVICES, INC.
100 NORTHEAST THIRD AVENUE
SUITE 1100
FORT LAUDERDALE FL 33301

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 620.102, 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 familiar with and accept the obligations of section 620.102, 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

11b. City, State & Zip Code

11c. Registration/
Document Number

Euromanagement, Inc.

10 N.E. 3RD ST.

FT. LAUDERDALE FL

J78009

700002068437--2
-01/24/97--01110--006
****585.00 ****585.00

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)(b), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(b) 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 be a true and legal effect 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

EUROMANAGEMENT, INC. by Norbert Kreyer, President

DATE

12/31/96

Typed or Printed Name of General Partner Signing Form

Norbert Kreyer, President

Daytime Telephone Number

(954) 779-7100