

**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**

96 DEC 16 AM 11:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2019

1. Name of Limited Partnership	1a. DOCUMENT # A96000001947
330 NW 71st ST, LTD,	

2. Mailing Address	2a. Principal Office Address
419 WEST 49TH STREET #106 HIALAH, FL 33012-3602	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

3. Date Formed or Registered 10/16/96	5a. Capital Contributions as Shown on record 760,000
3a. Date of Last Report —	5b. Amount of Capital Contributions in FLORIDA to date 760,000
4. State or Country of Formation FL	
6. FEI Number 65-0704458	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
7. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
8. Make check payable to Dept. of State (See reverse side for loc information)	

9. Name and Address of Current Registered Agent	10. If changed, new Registered Agent/Office
330 NW 71st ST, L.C. 419 WEST 49TH STREET #106 HIALAH, FL 33012-3602	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 (Required 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 of General Partner(s)	11a. Address of Each General Partner (Do NOT use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/Document Number
330 NW 71st ST, L.C.	419 W 49TH ST #106	HIALAH, FL 33012-3602	L96000001102  000002035490--8 -12/20/86--01105--001 ***5762.50 ****576.25

**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 James Q. Fisher A FLORIDA LIMITED LIABILITY COMPANY A MANAGER DATE 12/12/96

Typed or Printed Name of General Partner Signing Form JAMES Q. FISHER Daytime Telephone Number 305-757-1930

CR2E003 (6/96)