FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

DOCUMENT # A96000001951

FILED DIVISION OF CORPORATIONS

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Atalling Address Principal Office Address Principal Office Address 3. Date Formed or Registered 10/16/1996 5h. Capital Contributions as Shown on record. 119 WEST 49TH STREET. #106 119 WEST 49TH STREET. #106 110/16/1996 3a. Date of Lest Report 12/16/1996 5h. Amount of Capital Contributions in FLORIDA to date: 12/16/1996 5h. Amount of Capital Contributions in FLORIDA to date: 12/16/1996 5h. Amount of Capital Contributions in FLORIDA to date: 12/16/1996 7h. Amount of Capital Contributions in FLORIDA to date: 12/16/1996 7h. Amount of Capital Contributions in FLORIDA to date: 12/16/1996 7h. Amount of Capital Contributions in FLORIDA to date: 12/16/1996 7h. Amount of Capital Contributions in FLORIDA to date: 12/16/1996 7h. Amount of Capital Contributions in FLORIDA to date: 12/16/1996 7h. Amount of Capital Contributions in FLORIDA to date: 12/16/1996 7h. Amount of Capital Contributions in FLORIDA to date: 12/16/1996 7h. Amount of Capital Contributions in FLORIDA to date: 12/16/1996 7h. Amount of Capital Contributions in FLORIDA to date: 12/16/1996 7h. Amount of Capital Contributions in FLORIDA to date: 12/16/1996 7h. Amount of Capital Contributions in FLORIDA to date: 12/16/1996 7h. Amount of Capital Contributions in FLORIDA to date: 12/16/1996 7h. Amount of Capital Contributions in FLORIDA to date: 12/16/1996 7h. Amount of Capital Contributions in FLORIDA to date: 12/16/1996 7h. Amount of Capital Contributions in FLORIDA to date: 12/16/1996 7h. Amount of Capital Contributions in FLORIDA to date: 12/16/1996 7h. Amount of Capital Contributions in FLORIDA to date: 12/16/1996 7h. Amount of Capital Contributions in FLORIDA to date: 12/16/1996 7h. Amount of Capital Contributions in FLORIDA to date: 12/16/1996 7h. Amount of Capital Contributions in FLORIDA to date: 12/16/1996 7h. Amount of Capital Contributions in FLORIDA to date: 12/16/1996 7h. Amount of Capital Contributions in FLORIDA to date: 12/16/1996 7h. Amount of Capital Contributions in FLORIDA to date: 12/16/1996 7h. Amount of Capital C						
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28. Principal Office Address Part Principal Office Address Part					5D. Amount of Capital Contributions in FLORIDA to date:	
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Second Address of Current Registered Agent 10. If changed, new Registered Agent 10. If changed 10. If change	City & State	City & State	<u> </u>		☐ Not Applicable	
9, Name and Address of Current Replatered Agent 10, If changed, now Registered Agent/Office Name Note: Address (P.O. Box Number is Not Acceptable) Sure April 4, etc. City FL 79 Code City FL 79	ip Country	Zip	Country		Fee Required	
1536 NW 36TH ST, L.C. 419 WEST 49TH STREET, #106 HIALEAH FL 33012-3602 City FL Zip Code				8. Make check payable to: Dep	ot, of State (See reverse side for fee Informat	
1536 NW 36TH ST, L.C. 1419 WEST 49TH STREET, #106 HIALEAH FL 33012-3602 Sure Apt #, 600.	9. Name and Address of Co	urrent Registered Agent	Name	10. If changed, new Regis	sterod Agent/Office	
Suite. Apt. #, etc. Column Column	419 WEST 49TH STREET, #106					
City FL Zip Code City FL Zip						
Oa. 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 Prorida, submits this statems for the purpose of changing its registered office or registered agent, or both, in the State of Honda. Such change was authorized by its general partner(s). I hereby accept the appointment of register agent. I am familiar with, and accept the obligations of section 670 192. Florida Statutes. IGNATURE (Registered Agent Accepting Appointment) A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. 1. Name(s) of General Partner(s) 1.	MIALEAM FL 33012-3602			, etc.	Zin Codo	
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11. Name(s) 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 11536 NW 36TH ST, L.C. 419 WEST 49TH STREET, HIALEAH FL 33012 L96000001109 Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner 2. 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 decread exempt from public access. I further certify that the information indicated this annual report is true and accurate and that my signature with have the event that the information supplied is decread exempt from public access. I further certify that the information indicated this annual report is true and accurate and that my signature with have the event that the information supplied is decread exempt from public access. I further certify that I am a General Partner of the limited partnership, receiver or true empowered to execute this reports sequired by chapter 620, Fig id-a Statutes. SIGNATURE 11b. City, State & Zip Code 11c. Registration/ Document Number 11b. City, State & Zip Code 11c. Registration/ Document Number 11c. Registration/ Document Number 11c. Place State & Zip Code 11c. Registration/ Document Number 11c. Place State & Zip Code 11c. Registration/ Document Number 12c. Hallea H FL 33012 L96000001109 12c. Place State & Zip Code 12c. Registration/ Document Number 12d. Place State & Zip Code 12d. Place State	A GENERAL PARTNER TH		IMITED		ATE	
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