

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 DEC 31 PM 12:15



1. Name of Limited Partnership

1a. DOCUMENT #
A96000002003

T.T. PHOENIX ASSOCIATES, LTD.

Mailing Address

ONE PARK PLACE
621 NORTHWEST 53RD STREET, SUITE 450
BOCA RATON FL 33487

Principal Office Address

ONE PARK PLACE
621 NORTHWEST 53RD STREET, SUITE 450
BOCA RATON FL 33487

3. Date Formed or Registered

10/28/1996

3a. Date of Last Report

01/02/1997

4. State or Country of Formation

FL

5a. Capital Contributions as
Shown on record.

\$1,000.00

5b. Amount of Capital
Contributions in FLORIDA
to date:

2. Mailing Address

2800 N. CENTRAL AVE.

Suite, Apt. #, etc.

125

City & State

PHOENIX, ARIZONA

Zip Country

85004 U.S.A.

2a. Principal Office Address

CAPITAL RETAIL GROUP, LLC

Suite, Apt. #, etc.

2800 N. CENTRAL AVE # 125

City & State

PHOENIX, ARIZONA

Zip Country

85004 U.S.A.

6. FEI Number 65-0711611
APPLIED FOR

☐ 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 fee information)

9. Name and Address of Current Registered Agent

WARLEN, NEESA

ONE PARK PLACE

621 NORTHWEST 53RD STREET, SUITE 450

BOCA RATON FL 33487

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)

T.T. PHOENIX, INC.

11a. Address of Each General Partner
(Do NOT Use Post Office Box Numbers)

621 NORTHWEST 53RD ST

11b. City, State & Zip Code

BOCA RATON FL 33487

11c. Registration/
Document Number

P96000086006

5000002402085-5
-01/15/98-01101-015
***150.25 ***150.25

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

Typed or Printed Name of General Partner Signing Form

RICHARD SOWTA

DATE

Daytime Telephone Number

12/30/97
(402) 200-9898

CP25003 (6/97)