

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

LIMITED PARTNERSHIP
ANNUAL REPORT

199

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 DEC 11 AM 8:31

1. Name of Limited Partnership

1a. DOCUMENT #

A96000002072

FIVE PLUS HOLDINGS, LTD.

Mailing Address

Principal Office Address

8211 W. BROWARD BLVD..
SUITE 460
PLANTATION, FLORIDA 33324

SAME

3. Date Formed or Registered

NOV. 12, 1996

5a. Capital Contributions as
Shown on record.

\$1,000

3a. Date of Last Report

INITIAL

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

\$1,000

4. State or Country of Formation

FLORIDA

2. Mailing Address

8211 W. BROWARD BLVD.

2a. Principal Office Address

8211 W. BROWARD BLVD.

Suite, Apt. #, etc.

SUITE 460

Suite, Apt. #, etc.

SUITE 460

City & State

PLANTATION, FL.

City & State

PLANTATION, FL.

Zip

33324

Country

USA

Zip

33324

Country

USA

6. FEI Number

☒ 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

DAVID F. HANNAN
8211 W. BROWARD BLVD. SUITE 460
PLANTATION, FLORIDA 33324

10. If changed, new Registered Agent/Office

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, etc.

City

900002032789--7

-12/18/96--01085--011

****191.25 ****191.25

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
(Do NOT Use Post Office Box Numbers)

11b. City, State & Zip Code

11c. Registration/
Document Number

MARCIA PATRON

8211 W. BROWARD BLVD. PLANTATION, FL.
SUITE 460 33324

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 Marcia Patron

DATE 12/3/96

Typed or Printed Name of General Partner Signing Form

MARCIA PATRON

Daytime Telephone Number 954 476-6789

CR2E003 (6/96)