

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 REVENUE  
Sandra Northrup  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

97 JAN -6 PM 1:44

1

A96000002261

1. Name of Limited Partnership

1a. DOCUMENT #

A96000002261

WALDENGREEN ASSOCIATES, LTD.

MK 1/6/97

Mailing Address

Principal Office Address

2665 S. Bayshore Drive  
Suite 202

2665 S. Bayshore Drive  
Suite 202

Coconut Grove, FL 33133

Coconut Grove, FL 33133

2. Mailing Address

same as above

2a. Principal Office Address

same as above

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

3. Date Formed or Registered

12/9/96

3a. Date of Last Report

5a. Capital Contributions as  
Shown on record

\$100.00

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

\$100.00

4. State or Country of Formation

Florida

6. FEI Number

65-0711857

☐ Applied For  
☐ Not Applicable

7. Certificate of Status Desired

☐ \$8.75 Additional  
Fec Required

8. Make check payable to: Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent

Michael D. Wohl  
2665 South Bayshore Drive  
Suite 202  
Coconut Grove, Florida 33133

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)

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

11b. City, State & Zip Code

11c. Registration/  
Document Number

Southern Properties Fund  
III, Inc.

2665 S. Bayshore  
Drive

Coconut Grove, FL  
33133

P93000077501

**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 SOUTHERN PROPERTIES FUND III, INC., General Partner

DATE

Typed or Printed Name of General Partner Signing Form

Michael D. Wohl

Daytime Telephone Number

(305) 858-9430

CR2E003 (5/96)



THE UNITED STATES  
CORPORATION  
COMPANY

A96000002261

ACCOUNT NO. : 072100000032

REFERENCE : 210804 4303929

AUTHORIZATION *Patricia Pujute*

COST LIMIT : \$ 191.25

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
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ORDER DATE : January 6, 1997

ORDER TIME : 9:46 AM

ORDER NO. : 210804-005

CUSTOMER NO: 4303929

700002046607-1

CUSTOMER: Esther J. Forbes, Legal Asst  
Greenberg Traurig Hoffman  
22nd Floor  
1221 Brickell Avenue  
Miami, FL 33131-3238

ANNUAL REPORT FILING

NAME: WALDENGREEN ASSOCIATES, LTD.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Daniel W Leggett

EXAMINER'S INITIALS: \_\_\_\_\_

RECEIVED  
97 JAN -6 AM 10:40  
DIVISION OF CORPORATIONS

BK  
1/6/97