

FILE ON OR BEFORE APRIL 8, 1998 TO AVOID
REVOCATION AND \$500 PENALTY FEE

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98 APR 17 PM 12:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED PARTNERSHIP
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

1a. DOCUMENT #
A96000002261

WALDENGREEN ASSOCIATES, LTD.

Mailing Address

Principal Office Address

~~2665 S. BAYSHORE DRIVE SUITE 202~~
~~COCONUT GROVE FL 33100~~

~~2665 S. BAYSHORE DRIVE SUITE 202~~
~~COCONUT GROVE FL 33100~~

3. Date Formed or Registered

12/09/1996

5a. Capital Contributions as
Shown on record.

\$100.00

3a. Date of Last Report

01/06/1997

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

4. State or Country of Formation

FL

2. Mailing Address

1000 CLINT MOORE RD.

2a. Principal Office Address

1000 CLINT MOORE RD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

STE 110

STE 110

City & State

City & State

BOCA RATON FL

BOCA RATON FL

Zip

Country

Zip

Country

33487

33487

6. FEI Number

65-0711857

☐ 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

WOHL, MICHAEL D

2665 SOUTH BAYSHORE DRIVE, SUITE 202

COCONUT GROVE FL 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

~~2665 S. BAYSHORE DR~~
1000 CLINT MOORE RD,
SUITE 110

~~COCONUT GROVE FL 33100~~
BOCA RATON, FL 33487

P93000077501

200002503262--2
-04/28/98--01079--014
****535.00 ****535.00

dec (cus)

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

DATE

4/6/98

CR2E003 (12/97)