

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

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED PARTNERSHIP
ANNUAL REPORT
1997



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

1. Name of Limited Partnership

1a. DOCUMENT #
A96000002332

RESTAURANT AT THE FALLS, LTD.
8944 N.W. 24 Terrace
Miami, FL 33172

Mailing Address

8944 NW 24 Terrace
Miami, FL 33172

Principal Office Address

8944 NW 24 Terrace
Miami, FL 33172

3. Date Formed or Registered

12/10/96

5a. Capital Contributions as
Shown on record

\$300.00

3a. Date of Last Report

N/A

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

\$300.00

4. State or Country of Formation

Florida

2. Mailing Address

8800 SW 56 Street

2a. Principal Office Address

8800 SW 56 Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, FL 33165

City & State

Miami, FL 33165

Zip

Country

Zip

Country

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

GENE SINGLETARY
8944 NW 24 Terrace
Miami, FL 33172

10. If changed, new Registered Agent/Office

Name
GENE SINGLETARY

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

8800 SW 56 Street

Suite, Apt. #, etc.

City
Miami

FL Zip Code
33165

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)

RESTAURANT AT THE
FALLS, INC.

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

8800 SW 56 Street

11b. City, State & Zip Code

Miami, FL 33165

11c. Registration/
Document Number

P96000099418

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.

RESTAURANT AT THE FALLS, INC.

SIGNATURE

DATE 1/9/97

Typed or Printed Name of General Partner Signing Form

Gene Singletary, President

Daytime Telephone Number

CR2E003 (6/96)