

**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 STATE
Sandra Mortham
Secretary of State
DIVISION OF CORPORATIONS

97 JAN -3 PM 3:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2/1/9

1. Name of Limited Partnership
**THE DIENER FAMILY LIMITED
PARTNERSHIP #1**

1a. DOCUMENT #
A96000002373

Mailing Address
c/o R.M.D. Group, Inc.
1221 Brickell Avenue
Suite 920
Miami, FL 33131

Principal Office Address
c/o R.M.D. Group, Inc.
1221 Brickell Avenue
Suite 920
Miami, FL 33131

3. Date Formed or Registered
December 19, 1996

**5a. Capital Contributions as
Shown on record.**
\$21,000

3a. Date of Last Report
n/a

**5b. Amount of Capital
Contributions in FL OR (DA
to date.**
\$21,000

4. State or Country of Formation
FLORIDA

6. FEI Number
60-0714270

☒ **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)

2. Mailing Address
1221 Brickell Avenue
Suite, Apt. #, etc.
#920

2a. Principal Office Address
1221 Brickell Avenue
Suite, Apt. #, etc.
#920

City & State
Miami, FL 33131

City & State
Miami, FL 33131

Zip Country
33131 United States

Zip Country
33131 United States

9. Name and Address of Current Registered Agent

Richard B. Sabra, Esq.
4601 Sheridan Street
Suite 208
Hollywood, FL 33021

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)
R.M.D. Group, Inc.

**11a. Address of Each General Partner
(Do NOT Use Post Office Box Numbers)**
1221 Brickell Avenue
#920

11b. City, State & Zip Code
Miami, FL 33131

**11c. Registration/
Document Number**
P96000087104

200002057932---0
-01/14/97-01174-010
****285.75 ****285.75

Not: 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 20, Florida Statutes.

SIGNATURE

DATE **12/26/96**

Typed or Printed Name of General Partner Signing Form **Robert B. Diener, as President of** Daytime Telephone Number **(305) 358-8333**

General Partner R.M.D. Group, Inc.

CR2E003 (6/96)