

FILE ON OR BEFORE APRIL 9, 1997 TO AVOID REVOCATION
AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1997



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 JUL 22 AM 8:27

1. Name of Limited Partnership

1a. DOCUMENT #
A96000002381

BOYNTON ESTATES II, LTD.

Mailing Address

Principal Office Address

801 PONCE DE LEON BLVD., SUITE 600
CORAL GABLES FL 33134

801 PONCE DE LEON BLVD., SUITE 600
CORAL GABLES FL 33134

3. Date Formed or Registered

12/19/1996

5a. Capital Contributions as
Shown on record.

\$5,000.00

3a. Date of Last Report

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

2. Mailing Address

2a. Principal Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country

4. State or Country of Formation

FL

6. FEI Number

65-0735533

☐ 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

BOYNTON ESTATES II DEVELOPMENT CORPORATION
ATTN: E. DANIEL LOPEZ, C.E.O.
801 PONCE DE LEON BLVD., SUITE 600
CORAL GABLES FL 33134

10. If changed, new Registered Agent/Office

Name

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

100002247861--3

Suite, Apt. #, etc.

07/25/97-01066-001

City

***156.25 ***156.25

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

BOYNTON ESTATES II DEVELOPME

801 PONCE DE LEON BLV

CORAL GABLES FL 33134

P96000102330

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 680, Florida Statutes.

SIGNATURE

Manuel M. Pinto

DATE

3/21/97

Typed or Printed Name of General Partner Signing Form

Manuel M. Pinto

Daytime Telephone Number

305) 445-6171

CR2E003 (11/96)

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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 JUL 22 AM 8:27

July 07, 1997

TAMMI CLINE
Florida Department of State
Division of Corporation
P.O. Box 6327
Tallahassee, FL 32314

Subject: Boynton Estates II, LTD
Ref. Number: A96000002381

As per our conversation with Miss Gretchen, we are sending a check of \$156.25 to pay the annual report filing fee. Included you will find copies of the two letters explaining the delay.

Regards,

G. Fernandez

BOYTON STATES II, LTD.
12000 Biscayne Boulevard, Suite 401, Miami, Florida 33181
Phone: +1(305) 899-1000 Fax: +1(305) 8991010
e-mail: boytons2@amerigroup.net