**FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND $500 PENALTY FEE**

LIMITED PARTNERSHIP ANNUAL REPORT

**1998**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
97 DEC -4 AM 9:17

12/4

**1.** Name of Limited Partnership

**CEJAS FAMILY, LTD.**

**1a.** DOCUMENT #
**A96000002400**

| Mailing Address | Principal Office Address |
|---|---|
| 200 SOUTH BISCAYNE BLVD., SUITE 2410<br>MIAMI FL 33131 | 200 SOUTH BISCAYNE BLVD., SUITE 2410<br>MIAMI FL 33131 |

**3.** Date Formed or Registered: 12/20/1996

**3a.** Date of Last Report: 01/29/1997

**4.** State or Country of Formation: FL

**5a.** Capital Contributions as Shown on record: $5,000,000.00

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

| **2.** Mailing Address | **2a.** Principal Office Address |
|---|---|
| P. O. Box 191768 | 420 Lincoln Road |
| Suite, Apt. #, etc. | Suite, Apt. #, etc.: Suite 432 |
| City & State: Miami, Florida | City & State: Miami Beach, Florida |
| Zip: 33119 Country: USA | Zip: 33139 Country: USA |

**6.** FEI Number: APPLIED FOR 65-0734673 ☐ 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 | **10.** If changed, new Registered Agent/Office |
|---|---|
| ATRIUM REGISTERED AGENTS, INC.<br>1500 SAN REMO AVE., SUITE 125<br>CORAL GABLES FL 33146 | Name: PLC Investments, Inc.<br>Street Address (P.O. Box Number Is Not Acceptable): 420 Lincoln Road<br>Suite, Apt. #, etc.: Suite 432<br>City: Miami Beach, FL Zip Code: 33139 |

**10a.** Pursuant to the provisions of sections 620.1001 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) Hilda C. Montero, Secretary DATE 11/19/97

**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 |
|---|---|---|---|
| FAMILY VENTURES OF MIAMI, IN | 200 SOUTH BISCAYNE BL | MIAMI FL 33131 | P96000098669 |

400002357644---4
-12/10/97--01008--012
****437.50 ****437.50

400002357644---4
-12/10/97--01008--013
****103.75 ****103.75

CR2E003 (6/97)

**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 Cejas Family, Ltd.
By: Family Ventures of Miami, Inc., its sole corporate General Partner
By: Hilda C. Montero, Secretary

DATE November 19, 1997

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number 305-531-5220