FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP FLORIDA DEPARTMENT OF STATE FILED Sandra B. Mortham ANNUAL REPORT Secretary of State 1999 **DIVISION OF CORPORATIONS** 98 NOV 12 AHII: 57 DOCUMENT # 1. Name of Limited Partnership SECRETARY OF STATE TALLAHASSEE, FLORIDA A97000000009 OAK TREE LIMITED PARTNERSHIP Mailing Address Principal Office Address 3. Date Formed or Registered 5a. Capital Contributions as Shown on record. 12/31/1996 6751 S.W. 125TH TERRACE 6751 S.W. 125TH TERRACE \$2,119,419.72 MIAMI FL 33156 MIAMI FL 33156 3a. Date of Last Report 12/15/1997 5b. Amount of Capital Contributions in FLORIDA to date: 4. State or Country of Formation 2. Mailing Address 2a. Principal Office Address 2,119,419.72 FL Suite, Apt. #, etc. Suite, Apt. #, etc. 6. FEI Number 🗖 Applied For 65-0715933 Not Applicable City & State City & State 7. Certificate of Status Desired \$8.75 Additional Fee Required Zip Country Zio Country 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 Name JACOBS, LAMBERT W Street Address (P.O. Box Number Is Not Acceptable 6751 S.W. 125TH TERRACE 40000011/17/98--01036--017 Suite, Apt. #, etc. MIAMI FL 33156 ****526<mark>.2</mark>5 City 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. DATE 9/14/98 SIGNATURE (Registered Agent Accepting Appointment) A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE Address of Each General Partner Registration/ 11a. (Do NOT Use Post Office Box Numbers 11. Nāme(s) of General Partner(s) 11b. City, State & Zip Code 11c. OAK THEE GP, LLC 6751 SW 125TH TERRACE MIAMI FL 33156 L97000000001

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 filling 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 🚄	Landerto.	Ma	au-
Total or Orietal Name of Con	Boots Bissis For	L.W	JACOR.

DATE 9/14/78

Daytime Telephone Number 305 235 / 46/

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