

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

LIMITED PARTNERSHIP  
ANNUAL REPORT  
1999



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

FILED

98 DEC 31 PM 4:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. Name of Limited Partnership

1a. DOCUMENT #  
A97000000846

SHOPS OF COOPER CITY, LTD.



Mailing Address

Principal Office Address

1200 BRICKELL AVENUE STE 1500  
MIAMI FL 33131

1320 SOUTH DIXIE HIGHWAY, SUITE 781  
CORAL GABLES FL 33146

3. Date Formed or Registered

04/16/1997

5a. Capital Contributions as  
Shown on record.

\$550,000.00

3a. Date of Last Report

12/31/1997

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

4. State or Country of Formation

FL

2. Mailing Address

3308 NE 32nd Street

2a. Principal Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Fort Lauderdale FL

City & State

Zip

33308

Country

Bonard

Zip

Country

6. FEI Number

65-0782923

☐

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

BROWN, GARY L ESQ.  
20803 BISCAYNE BLVD., SUITE 200  
AVENTURA FL 33180

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)

SHOPS OF COOPER CITY G.P., I

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

1320 SOUTH DIXIE HIGH

11b. City, State & Zip Code

CORAL GABLES FL 33146

11c. Registration/  
Document Number

P97000034407

300002747293--2  
-01/20/93--01028--018  
\*\*\*526.25 \*\*\*526.25

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

DATE

12-29-95

Typed or Printed Name of General Partner Signing Form

Scott Greenwald, Partner

Daytime Telephone Number

(305) 667-2225

CR2E003 (8/98)