

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
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 JAN -5 PM 3: 15

1. Name of Limited Partnership

1a. DOCUMENT #
A97000001095

900 W. 49TH STREET, LTD.



Mailing Address

Principal Office Address

~~1500 SAN JUAN AVE SUITE 300~~
~~MIAMI GABLES FL 33133~~

~~1500 SAN JUAN AVE SUITE 300~~
~~MIAMI GABLES FL 33133~~

3. Date Formed or Registered

05/16/1997

5a. Capital Contributions as
Shown on record.

\$100.00

3a. Date of Last Report

02/06/1998

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

\$100.00

4. State or Country of Formation

FL

6. FEI Number

65-0758133

☐ 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

PO Box 431984

Suite, Apt. #, etc.

2a. Principal Office Address

5703 SW 85th. Street

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

So. Miami, FL

Zip Country
33243 USA

Zip Country
33143 USA

9. Name and Address of Current Registered Agent

LAMONT & NEIMAN, P.A.
2 SOUTH BISCAYNE BLVD., SUITE 3550
MIAMI FL 33131

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)

THE RICHARD BRANDON COMPANY

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

~~1500 SAN JUAN AVE~~
5703 SW 85th. St

11b. City, State & Zip Code

~~MIAMI GABLES FL 33133~~
So. Miami, FL 33143

11c. Registration/
Document Number

P95000019866

300002752443--6
-01/22/98--01113--003
****150.00 ****150.00

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

12/29/98

Typed or Printed Name of General Partner Signing Form

L. Richard Mortham

Daytime Telephone Number

305-662-1421

CR2E003 (8/98)