

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

98 JAN -5 PM 3:21

1. Name of Limited Partnership

1a. DOCUMENT #
A97000001414

ATLANTIC CENTER, LTD.



Mailing Address

851 BROKEN SOUND PARKWAY
BOCA RATON FL 33487

Principal Office Address

851 BROKEN SOUND PARKWAY
BOCA RATON FL 33487

3. Date Formed or Registered

06/26/1997

3a. Date of Last Report

N/A

4. State or Country of Formation

FL

5a. Capital Contributions as
Shown on record.

\$2,079,000.00

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

2,079,000.00

2. Mailing Address

1801 S. Federal Hwy.

Suite, Apt. #, etc.

Suite 202

City & State

Delray Beach, FL

Zip

33483

Country

Palm Beach

2a. Principal Office Address

1801 S. Federal Hwy.

Suite, Apt. #, etc.

Suite 202

City & State

Delray Beach, FL

Zip

33483

Country

Palm Beach

6. EI Number

65-0762623

☐ 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

MULLER, CHARLES E II
ONE DATRAN CENTER, SUITE 1707
9100 S. DADELAND BLVD.
MIAMI FL 33156-7819

10. If changed, new Registered Agent/Office

Name

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

Suite, Apt. #, etc.

City

4000002405724-8

-01/20/98--01175--010

***541.25 FL ***541.25

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)

ATLANTIC CENTER, INC.

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

851 BROKEN SOUND PARK

11b. City, State & Zip Code

BOCA RATON FL 33487

11c. Registration/
Document Number

P97000054924

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

Carl M. Santis

DATE

Typed or Printed Name of General Partner Signing Form

Carl De Santis

Daytime Telephone Number

561 274-4400

CR2E003 (6/97)