

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
97 DEC 22 PM 3:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Name of Limited Partnership

1a. DOCUMENT #
A97000001713

LARCHMONT ASSOCIATES, LTD.



Mailing Address

Principal Office Address

C/O CORNERSTONE AFFORDABLE HOUSING, INC.
2121 PONCE DE LEON BLVD., STE. 650
CORAL GABLES FL 33134

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CORAL GABLES FL 33134

3. Date Formed or Registered

08/07/1997

5a. Capital Contributions as
Shown on record.

\$100.00

3a. Date of Last Report

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

\$100 -

4. State or Country of Formation

FL

6. FEI Number

☒ 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

WOLFE, LEON J ESQ.
C/O BERMAN, WOLFE & RENNERT, P.A.
35TH FL NATIONSBANK TOWER, 100 SE 2ND ST.
MIAMI FL 33131-2130

Name

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

Suite, Apt. #, etc.

City

4000002390114--9

-01/05/98--01120--007

****165.00 ****165.00

FL

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)

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

11b. City, State & Zip Code

11c. Registration/
Document Number

CORNERSTONE LARCHMONT, INC.
DADE EMPLOYMENT & ECONOMIC D
DOZIER AND DOZIER CONSTRUCTI

2121 PONCE DE LEON BL
141 N.E. THIRD AVENUE
3920 N.W. 167TH STREE

CORAL GABLES FL 33134
MIAMI FL 33132
MIAMI FL 33054

P97000063501
757211
666856

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 or 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

December 18, 1997

Typed or Printed Name of General Partner Signing Form

Jorge Lopez

Daytime Telephone Number 305

443-8288

CR2E003 (6/97)