

**FILE ON OR BEFORE APRIL 8, 1998 TO AVOID
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 FEB -9 PM 1:21



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|---------------------------------------|--|
| 1. Name of Limited Partnership | 1a. DOCUMENT # A97000001740 |
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GONZALEZ-CABALLERO FAMILY LIMITED PARTNERSHIP

| | | | | | |
|--|--|---|--|--|---|
| Mailing Address 1600 S.W. 99TH COURT MIAMI FL 33165 | | Principal Office Address 1600 S.W. 99TH COURT MIAMI FL 33165 | | 3. Date Formed or Registered 08/07/1997 | 5a. Capital Contributions as Shown on record. \$2,470,580.00 |
| 2. Mailing Address | | 2a. Principal Office Address | | 3a. Date of Last Report | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 4. State or Country of Formation FL | 5b. Amount of Capital Contributions in FLORIDA to date: |
| City & State | | City & State | | 6. FEI Number 65-0767244 | |
| Zip | | Country | | 7. Certificate of Status Desired | <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable |
| | | | | 8. Make check payable to: Dept. of State (See reverse side for fee information) | \$8.75 Additional Fee Required |

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|--|---|
| 9. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525 | 10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City |
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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.**

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|---|--|--|--|
| 11. Name(s) of General Partner(s) CJG CORP. | 11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 1600 S.W. 99TH COURT | 11b. City, State & Zip Code MIAMI FL 33165 | 11c. Registration/Document Number P97000059775 |
|---|--|--|--|

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 in 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, receive empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE Basilio Caballero DATE 2/6/98

Typed or Printed Name of General Partner Signing Form _____ Daytime Telephone Number _____

CR2E003 (12/97)