

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

98 DEC -7 AM 8:37

1. Name of Limited Partnership

1a. DOCUMENT #
A97000001769

N.E. APARTMENTS ASSOCIATES, LTD.



Mailing Address

3087 SHIPPING AVENUE
MIAMI FL 33133

Principal Office Address

3087 SHIPPING AVENUE
MIAMI FL 33133

3. Date Formed or Registered

08/14/1997

5a. Capital Contributions as
Shown on record.

\$99.00

3a. Date of Last Report

03/09/1998

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

4. State or Country of Formation

FL

2. Mailing Address

3121 Jackson Ave.

Suite, Apt. #, etc.

Miami Florida

City & State

33133 USA

Zip

Country

2a. Principal Office Address

3121 Jackson Ave.

Suite, Apt. #, etc.

Miami Florida

City & State

33133 USA

Zip

Country

6. FEI Number 65-090501

AP-PLIED FOR

☐ 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

EKONOMOU, NICHOLAS E
3087 SHIPPING AVENUE
MIAMI FL 33133

10. If changed, new Registered Agent/Office

Name

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

3121 Jackson Avenue

Suite, Apt. #, etc.

Miami

City

FL

Zip Code

33133

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

12-03-98

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)

N.E. APARTMENTS ASSOCIATES,

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

3087 SHIPPING AVENUE

11b. City, State & Zip Code

MIAMI FL 33133

11c. Registration/
Document Number

P97000070528

100002708091-- 9
-12/09/98 - 01106--023
****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

12-03-98

Typed or Printed Name of General Partner Signing Form

Nicholas E. Ekonomou

Daytime Telephone Number

(305) 860-1400

CR2E003 (8/98)