

**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 MAR -2 PM 4:06

1. Name of Limited Partnership

1a. DOCUMENT #
A97000001820

SSC NORTH PORT, LTD.



Mailing Address

~~2875 NE 191ST STREET, SUITE 400~~
~~AVENTURA FL 33180~~
Executive Office
19501 Biscayne Blvd
Aventura FL 33180

Principal Office Address

~~2875 NE 191ST STREET, SUITE 400~~
~~AVENTURA FL 33180~~
Executive Office
19501 Biscayne Blvd
Aventura FL 33180

3. Date Formed or Registered

08/22/1997

5a. Capital Contributions as
Shown on record.

\$1,000.00

3a. Date of Last Report

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

1,000.00

4. State or Country of Formation

FL

2. Mailing Address

Executive Office
19501 Biscayne Blvd
Aventura FL

2a. Principal Office Address

Executive Office
19501 Biscayne Blvd
Aventura FL

6. FEI Number

65-0779255

☐ 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

SOFFER, MARSHA
2875 NE 191ST STREET
SUITE 400
AVENTURA FL 33180

10. If changed, new Registered Agent/Office

Name *Soffer, Marsha*
Street Address (P.O. Box Number is Not Acceptable)
19501 Biscayne Blvd
Suite, Apt. #, etc.
Executive Office
City *Aventura* State **FL** Zip Code *33180*

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)

SSC NORTH PORT, INC.

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

~~2875 NE 191ST STREET~~
Executive Office
19501 Biscayne Blvd

11b. City, State & Zip Code

AVENTURA FL 33180

11c. Registration/
Document Number

P97000073071

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******141.25 ****141.25**

KWM

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 *Marsha Soffer* DATE **2-24-98**

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

CR2E003 (12/97)