

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 12 PM 3:27

1. Name of Limited Partnership

1a. DOCUMENT #
A97000002075

GARREN ASSOCIATES, LTD.



Mailing Address

Principal Office Address

4500 BOCAIRE BLVD.
BOCA RATON FL 33487

4500 BOCAIRE BLVD.
BOCA RATON FL 33487

3. Date Formed or Registered

09/24/1997

5a. Capital Contributions as
Shown on record.

\$2,500,000.00

3a. Date of Last Report

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

\$2,350,000.00

4. State or Country of Formation

FL

2. Mailing Address

2a. Principal Office Address

4500 BOCAIRE BLVD

4500 BOCAIRE BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

HOUSE

HOUSE

City & State

City & State

BOCA RATON FL

BOCA RATON FL

Zip

Country

Zip

Country

33487

USA

33487

USA

6. FEI Number

65-0410594

☐ 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

GARREN, DANIEL G
4500 BOCAIRE BLVD.
BOCA RATON FL 33487

10. If changed, new Registered Agent/Office

Name

Street Address (P.O. Box Number) 5000 024 304 35 -- 9

Suite, Apt. #, etc.

02/13/98 01088-022
***526.25 ***526.25

City

FL

Zip Code

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

DANIEL G. GARREN, TRUSTEE

4500 BOCAIRE BLVD.

BOCA RATON FL 33487

LLOYD R. GARREN, TRUSTEE

~~4500 BOCAIRE BLVD.~~

~~BOCA RATON FL 33487~~

BEULAH GARREN, TRUSTEE

28 Aliso Road
4500 BOCAIRE BLVD.

Carmel Valley, CA 93924
BOCA RATON FL 33487

RONALD B. GARREN, TRUSTEE

P.O. BOX 3044 N/A

CARMEL CA 93921

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

Daniel G. Garren

DATE 2/6/98

DANIEL G GARREN

Daytime Telephone Number 561-994-6300

CRE003 (12/97)