

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  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

97 DEC 18 PM 12:09

umtr  
12/22

1. Name of Limited Partnership

C.H.I. Properties Ltd.

1a. DOCUMENT #  
A97000002404

Mailing Address

2665 N.E. 37th Drive  
Ft. Lauderdale FL 33308

Principal Office Address

2665 N.E. 37th Drive  
Ft Lauderdale FL 33308

2. Mailing Address

2a. Principal Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

3. Date Formed or Registered

11/03/97

3a. Date of Last Report

5a. Capital Contributions as  
Shown on record.

\$1,800,000

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

\$1,800,000

4. State or Country of Formation

Florida

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

Clinton M Tarkoe  
1040 Bayview Drive #424  
Ft Lauderdale FL 33304

10. If changed, new Registered Agent/Office

Name

C.H.I. Properties, Inc.

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

2665 N.E. 37th Drive

Suite, Apt. #, etc.

City

Fort Lauderdale

FL

Zip Code

33308

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)

As Its President

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)

C.H.I. Properties Inc.

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

2665 N.E. 37th Dr.

11b. City, State & Zip Code

Ft Lauderdale FL  
33304

11c. Registration/  
Document Number

P97000002404-  
P97006092273

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-12/23/97--01048--012  
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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

Typed or Printed Name of General Partner Signing Form

Fred R. Millsaps Pres. CHIProperties Inc

CR2E003 (6/97)