

1997

**FILE ON OR BEFORE DECEMBER 31, 1996 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 26 PM 12:18

1. Name of Limited Partnership

FTL/ED PLANTATION, LTD.

1a. DOCUMENT #

A97000002550

mtu
1/8

Mailing Address

6400 North Andrews Avenue
Fort Lauderdale, FL 33309

Principal Office Address

6400 North Andrews Avenue
Fort Lauderdale, FL 33309

3. Date Formed or Registered

11/24/97

5a. Capital Contributions as
Shown on record.

\$2,880,000

3a. Date of Last Report

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

\$2,880,000

2. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

2a. Principal Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. State or Country of Formation

FL

6. FTL Number

65-

☒ 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

DUKE, BRYAN W. ESQ.
6400 North Andrews Avenue
Fort Lauderdale, FL 33309

10. If changed, new Registered Agent/Office

Name

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

Suite, Apt. #, etc.

City

FL

Zip Code

10a. Pursuant to the provisions of sections 620.1061 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)

FTL/ PLANTATION, INC.

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

6400 North Andrews Ave.

11b. City, State & Zip Code

Fort Lauderdale, FL
3330911c. Registration/
Document Number

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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

Terry W. Stiles

Terry W. Stiles

DATE 12/15/97

954/776-0300

CR25003 (5/96)