

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. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 FEB -5 PM 3:57

1. Name of Limited Partnership

1a. DOCUMENT #
A97000002705

SOPHIE LIMITED PARTNERSHIP

Mailing Address
70 Blossom Way
Palm Beach FL 33480

Principal Office Address
70 Blossom Way
Palm Beach FL 33480

3. Date Formed or Registered
12/11/97

5a. Capital Contributions as
Shown on record.
25,001,000.00

3a. Date of Last Report
n/a

5b. Amount of Capital
Contributions in FLORIDA
to date:
1000.00

4. State or Country of Formation
FL

2. Mailing Address
70 Blossom Way

2a. Principal Office Address
70 Blossom Way

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Palm Beach FL 33480

City & State
Palm Beach FL 33480

Zip Country
33480 USA

Zip Country
33480 USA

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

David K. Cahoon
2 N. Tamiami Tr., Ste 606
Sarasota FL 34236

10. If changed, new Registered Agent/Office

Name

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

Suite, Apt. #, etc.

City

400002425994--3

-02/10/98--01011--001

****88.75 ****88.75

FL

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.

400002425994--3

-02/10/98--01011--002

****88.75 ****88.75

SIGNATURE (Registered Agent Accepting Appointment)

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)

David R. Markin, Trustee
of the Markin Management
Trust dated 11/24/97

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

70 Blossom Way

11b. City, State & Zip Code

Palm Beach FL 33480

11c. Registration/
Document Number

A97000002705

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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

David R. Markin

DATE

12-23-97

Typed or Printed Name of General Partner Signing Form David R. Markin Trustee

Daytime Telephone Number 561-832-7148

CR2E003 (6/97)