

FILE ON OR BEFORE APRIL 7, 1999 TO AVOID
REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 APR -6 PM 1:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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

12/11/1997

5a. Capital Contributions as
Shown on record

\$25,001,000.00

3a. Date of Last Report

02/05/1998

5b. Amount of Capital
Contributions in FLORIDA
to date

12,082,844.

4. State or Country of Formation

FL

6. FEI Number 65-0835453

APPLIED FOR

☐ Applied For
☐ Not Applicable

7. Certificate of Status Desired

☐ \$8.75 Additional
Fec Required

8. Make check payable to: Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent

CAHOONE, DAVID K
2 NORTH TAMiami TRAIL, SUITE 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

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)

MARKIN, DAVID R TRUSTEE

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

000002888300-8
-04/13/99-01066-015
****526.25 ****526.25

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 Markin

DATE

3-31-99

Typed or Printed Name of General Partner Signing Form

DAVID MARKIN

Daytime Telephone Number

CR2E003 (12/98)