FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP **ANNUAL REPORT** 1000



LLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

1990	DIVISION OF	CORPORATIONS	بالمساورة والمشاهدة			
1. Name of Limited Partnership	1a. DOCUMENT#		97 DEC 26			
	A9700000272	29	SECKE FARY TALLAHASSI	in same SE.FLORIDA		
Lopate Family Partnersh	ip, Ltd.			JJ 18/98		
Mailing Address	Puncipal Office Address		3. Date Formed or Registered	5a. Capital Contributions as Shown on record		
11000 S.W. 64 Avenue	11000 S.W. 64 Avenue		12/17/97	\$3,501,000.00		
Miami, FL 33156	Miami, FL 33156	5	3a. Date of Last Report	7,7,7,7,7,7		
				5b. Amount of Capital		
			4. State or Country of Formation	Contributions in FLORIDA to date		
2. Mailing Address	28. Principal Office Address	2a. Principal Office Address		\$1,000.00		
Suite, Apt. #. etc.	Suite, Apt. #, etc.		6. FEI Number	Applied For		
City & State	City & State	City & State		☐ Not Applicable		
Zip Country	Zip	Country	7. Certificate of Status Desired	\$8.75 Additional Fee Required		
			8. Make check payable to: Dept. o	f State (See reverse side for fee information)		
9. Name and Address of Current Registered Agent		10. If changed, new Register	ed Agent/Office			
·		Name				
Joel Lopate		Street Address (F	O Box Number is Not Acceptable)			
11000 S.W. 64 Avenue Miami, FL 33156		Suite, Apt. #, etc.				
	City FL Zip Code					
10a. Pursuant to the provisions of sections 620 105 for the purpose of changing its registered office agent. I am familiar with, and accept the obligations of the changing its registered Asset	e or registered agent, or both, in the State of I of ons of section 620 192, Florida Statutos.	med limited partnership Forida. Such change wa	as authorized by its genoral partnor(s). I her	eby accept the appointment of registered		
SIGNATURE (Registered Agent Accepting Appendix ent A GENERAL PARTNER THA		I IMITED DA	DATE DELID OD OTHE			
MU	IST BE REGISTERED A	ND ACTIVE \	WITH THIS OFFICE.	n business entitt		
11. Name(s) of General Partner(s)	11a. Address of Each Gen (Do NOT Use Post Office	eral Partner Box Numbers) 11	b. City, State & Zip Code	11c. Registration/ Document Number		
Forest Grange, Inc.	11000 s.w. 64 A	venue Mi	ami, FL 33156	P97000105587		

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
Forest Grange, Inc.	11000 S.W. 64 Avenue	Miami,	FL 33156	P97000105587
			-01/09	2 336151 8 349801107004 165.00 ****165.00

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 filling is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes Trolease the Division of Corporations from any habitity of non-composince with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. Further certify that the information indicated on this annual report is true and acceptable and that my significant shall have the same legal effects as if made under eath. Further certify that I am a General Partner of the limited partnership, receiver or trusted empowered to execute this peoply is required by charge to 70, Florida Statutes. Anc.

SIGNATURE

Lopate, President DATE December 23, 1997