

**FILE ON OR BEFORE APRIL 8, 1998 TO AVOID  
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

98 APR 10 PM 12:26

1. Name of Limited Partnership

1a. DOCUMENT #  
**A97000002819**

**MCDONALD ONE LTD. PARTNERSHIP**



Mailing Address

Principal Office Address

310 ALHAMBRA CIRCLE  
CORAL GABLES FL 33134

310 ALHAMBRA CIRCLE  
CORAL GABLES FL 33134

3. Date Formed or Registered

12/23/1997

5a. Capital Contributions as  
Shown on record.

**\$1,097,900.00**

3a. Date of Last Report

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

746,508

4. State or Country of Formation

FL

6. FEI Number

65-0818758

☐ 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)

2. Mailing Address C/O K. Smith  
200 S. Biscayne Blvd.  
Suite, Apt. #, etc.

2a. Principal Office Address C/O K. Smith  
200 S. Biscayne Blvd.  
Suite, Apt. #, etc.

City & State  
Miami, FL

City & State  
Miami, FL

Zip 33131 Country USA

Zip 33131 Country USA

9. Name and Address of Current Registered Agent

MCDONALD, FRANCES E  
310 ALHAMBRA CIRCLE  
CORAL GABLES FL 33134

10. If changed, new Registered Agent/Office

Name

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

C/O Kimberly Smith, 200 S. Biscayne Blvd.

Suite, Apt. #, etc.

City

Miami

FL

Zip Code

33131

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)

MCDONALD ONE CORP.

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

310 ALHAMBRA CIRCLE

11b. City, State & Zip Code

CORAL GABLES FL 33134

11c. Registration/  
Document Number

P97000106299

000002431058--0  
-04/16/98-0104-021  
\*\*\*\*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 *Frances E. McDonald*

DATE *4-7-98*

Frances McDonald

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

CR2E003 (12/97)