

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. Moynihan
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

98 FEB -9 PM 1:22

1. Name of Limited Partnership

1a. DOCUMENT #
A97000002828

Yborpar, Ltd.

Mailing Address

Principal Office Address

**3250 Mary Street
Suite 404
Miami, Florida 33133**

Same

3. Date Formed or Registered

12/19/97

5a. Capital Contributions as Shown on record

\$0 \$2500.00

3a. Date of Last Report

New

5b. Amount of Capital Contributions in FLORIDA to date:
\$0

4. State or Country of Formation

Florida

2. Mailing Address

3250 Mary Street

2a. Principal Office Address

Same

Suite, Apt. #, etc.

Suite 404

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Zip

33133

Country

USA

Zip

Country

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

**Suzanne A. Dockerty
J. Patrick Fitzgerald, P.A.
110 Merrick Way, Suite 3 B
Coral Gables, Florida 33134**

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 12/30/97

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)

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

11b. City, State & Zip Code

11c. Registration/Document Number

Bagheera Interests, L.C.
**3250 Mary Street
Suite 404**

Miami, Florida 33133
L95000000162

000002430648-4
-02/16/98-01002-009
******156.25 ****156.25**

\$250 103.75

acc

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 file this report as required by chapter 620, Florida Statutes.

SIGNATURE

[Signature]

DATE 12/30/97

Typed or Printed Name of General Partner Signing Form

Yaromir Steiner, Manager

Daytime Telephone Number

305-441-8989

CR2E003 (6/97)