

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

98 MAY 18 AM 10:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| | | | |
|---|--|---|--|
| 1. Name of Limited Partnership Lorie Associates, Ltd. | | 1a. DOCUMENT # A97000002866 | |
| Mailing Address 814 Ponce de Leon Blvd. Suite 410 Coral Gables, Florida 33134 | | Principal Office Address 814 Ponce de Leon Blvd. Suite 410 Coral Gables, Florida 33134 | |
| 2. Mailing Address Suite, Apt. #, etc. City & State Zip Country | | 2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country | |
| 3. Date Formed or Registered 12/26/97 | | 5a. Capital Contributions as Shown on record \$5,000,000 | |
| 3a. Date of Last Report | | 5b. Amount of Capital Contributions in FLORIDA to date: \$5,000,000 | |
| 4. State or Country of Formation Florida | | 6. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable | |
| 7. Certificate of Status Desired <input type="checkbox"/> \$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 Luis F. Lorie 814 Ponce de Leon Blvd. Suite 410 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

**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) Lorie Investments, Inc. | 11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 814 Ponce de Leon Blvd. Suite 410 | 11b. City, State & Zip Code Coral Gables, FL. 33134 | 11c. Registration/ Document Number P97000106510 |
|---|--|---|--|

800002528698-12
-05/19/98-01036-003
******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 form 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 By: **Lorie Investments, Inc.**
Luis F. Lorie, President

Daytime Telephone Number **(305) 774-6990**

2

LAW OFFICES
PACKMAN, NEUWAHL & ROSENBERG

SUITE 125

1500 SAN REMO AVENUE
CORAL GABLES, FLORIDA 33146

BRUCE BARTON PACKMAN (RETIRED)
MALCOLM H. NEUWAHL
MICHAEL ROSENBERG
DENNIS GINSBURG
ROBERT A. STAMEN
LESLIE A. SHARE
JACK D. FINKELMAN
JOSE L. NUÑEZ
ROBERT F. JACOBOWITZ
SHAWN WOLF
STACY L. OSSIN

MARK R. STARKMAN
BERNARD WOLFSON
OF COUNSEL

TELEPHONE (305) 665-3311
TELEFAX (305) 665-1244
E-MAIL: PNRLAW@COMPUSERVE.COM

SUITE 1
5133 CASTELLO DRIVE
NAPLES, FLORIDA 34103
TELEPHONE (941) 435-4500
TELEFAX (941) 434-0523

PLEASE REPLY TO:
CORAL GABLES OFFICE

April 27, 1998

CERTIFIED MAIL -- Z 311 264 843
RETURN RECEIPT REQUESTED

Florida Department of State
Division of Corporations
Registration Section
Post Office Box 6327
Tallahassee, Florida 32314

RE: Lorie Associates, Ltd. (the "Partnership")
Our Client File No. 4924A(f)

TO WHOM IT MAY CONCERN:

This law firm represents the above-referenced Partnership. Enclosed herewith is a copy of your April 15, 1998 Notice regarding the Certificate of Revocation of the Partnership. As your records will show, the Partnership was formed at the end of 1997. The General Partner and/or the Partnership have no record of having received the sixty (60) day Notice of Intent to Revoke. Therefore, I would propose that the Partnership file its Annual Report, paying the appropriate annual fee, and that such Certificate of Revocation be withdrawn.

Thank you for your cooperation in this matter. I look forward to hearing from you.

Very truly yours,

PACKMAN, NEUWAHL & ROSENBERG

Robert A. Stamen

ROBERT A. STAMEN

RAS/gdg
Enclosure
cc/encls: Luis R. Lorie
5/4*4924-1

*called + left msg.
4/30/98
Wet*