

**FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 DEC 24 PM 2:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Name of Limited Partnership

1a. DOCUMENT #

A98000000096

BROOKLAND GARDENS ASSOCIATES, LTD.

Mailing Address

16001 West Troon Circle
Miami Lakes, FL 33014

Principal Office Address

16001 West Troon Circle
Miami Lakes, FL 33014

3. Date Formed or Registered

January 5
1998

5a. Capital Contributions as
Shown on record.

\$278,232.00

3a. Date of Last Report

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

4. State or Country of Formation

Florida

2. Mailing Address

16001 West Troon Circle

2a. Principal Office Address

16001 West Troon Circle

Suite, Apt. #, etc.

Suite, Apt. #, etc.

6. FEI Number

27-2912856

☐ Applied For
☐ Not Applicable

City & State

Miami Lakes, FL 33014

City & State

Miami Lakes, FL 33014

7. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

Zip Country
33014 USA

Zip Country
33014 USA

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

9. Name and Address of Current Registered Agent

Guillermo Troncoso
16001 West Troon Circle
Miami Lakes, FL 33014

10. If changed, new Registered Agent/Office

Name

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

Suite, Apt. #, etc.

600002740756--2

City

-01/14/99--01004--002

******526.FL ****526.25**

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)

Brookland Gardens, Inc.

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

16001 West Troon
Circle

11b. City, State & Zip Code

Miami Lakes, FL 33014

11c. Registration/
Document Number

P97000058351

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.

BROOKLAND GARDENS, INC.

SIGNATURE BY Guillermo Troncoso, President

DATE 12-22-98

Typed or Printed Name of General Partner Signing Form

Guillermo Troncoso

Daytime Telephone Number

(305) 827-3625

CR2E003 (8/93)