

TO AVOID
REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 APR 20 AM 10:16



1. Name of Limited Partnership

1a. DOCUMENT #
A98000000226

OLD CUTLER VILLAGE ASSOCIATES, LTD.

Mailing Address

ATTN: BARRY G. HAIMAN
3730 S.W. 3RD AVENUE, SUITE 202
MIAMI FL 33131

757 Arthur Godfrey Rd.
Miami Beach, FL 33140

Principal Office Address

ATTN: BARRY G. HAIMAN
3730 S.W. 3RD AVENUE, SUITE 202
MIAMI FL 33131
757 Arthur Godfrey Rd.
Miami Beach, FL 33140

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

01/15/1998

3a. Date of Last Report

4. State or Country of Formation

FL

6. FEI Number

7. Certificate of Status Desired

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

5a. Capital Contributions as
Shown on record

\$101.00

5b. Amount of Capital
Contributions in FLORIDA
to date

☒ Applied For
☐ Not Applicable

☒ \$8.75 Additional
Fee Required

9. Name and Address of Current Registered Agent

HAIMAN, BARY G
% ADVANCED-AFFORDABLE DEVELOPMENT CORP.

2730 S.W. 3RD AVENUE, SUITE 202
MIAMI FL 33129
757 Arthur Godfrey Rd.
Miami Beach, FL 33140

10. If changed, new Registered Agent/Office

Name

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

Suite, Apt. #, etc.

City

300002853023-3

-04/27/99--01045--008

****150.00 FL ****150.00

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)

ADVANCED-AFFORDABLE DEVELOPM

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

2730 S W 3RD AVENUE, S
757 Arthur Godfrey Rd.

11b. City, State & Zip Code

MIAMI FL 33129
Miami Beach, FL 33140

11c. Registration/
Document Number

P98000004758

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

Barry G. Haiman
BARRY G HAIMAN

DATE 3-25-99

Daytime Telephone Number 305-532-5707

Typed or Printed Name of General Partner Signing Form

CR2E003 (12/98)