

FILE ON OR BEFORE APRIL 7, 1999 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 MAR 30 PM 2: 10



1. Name of Limited Partnership

1a. DOCUMENT #
A98000000274

THE RICHERT LIMITED PARTNERSHIP

Mailing Address

% LAW OFFICES OF STEVEN GARELLEK, P.A.
7000 WEST PALMETTO PARK ROAD, SUITE 400
BOCA RATON FL 33433

Principal Office Address

% LAW OFFICES OF STEVEN GARELLEK, P.A.
7000 WEST PALMETTO PARK ROAD, SUITE 400
BOCA RATON FL 33433

2. Mailing Address

255 Alhambra Circle

Suite, Apt. #, etc.

Suite 1125

City & State

Coral Gables FL

Zip

33134 Miami-Dade

2a. Principal Office Address

255 Alhambra Circle

Suite, Apt. #, etc.

Suite 1125

City & State

Coral Gables FL

Zip

33134 Miami-Dade

3. Date Formed or Registered

01/29/1998

3a. Date of Last Report

5a. Capital Contributions as
Shown on record.

\$1,350,000.00

5b. Amount of Capital
Contributions in FLORIDA
to date

\$200,000.00

4. State or Country of Formation

FL

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

RICHERT, ELIZABETH K
255 ALHAMBRA CIRCLE, SUITE 1125
CORAL GABLES FL 33134

10. If changed, new Registered Agent/Office

Name

Elizabeth K. Richert

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)

E. Richert

DATE 3/19/99

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)

RICHERT GP, INC.

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

~~7000 WEST PALMETTO PA~~
255 Alhambra Circle
Suite 1125
Coral Gables, FL
33134

11b. City, State & Zip Code

~~BOCA RATON FL 33433~~
Coral Gables, FL
33134

11c. Registration/
Document Number

P98000008804

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

E. Richert

DATE 3/19/99

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

CR2E003 (12/98)