

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

50 JUL -2 PM 5:00

SECRETARY OF STATE



1. Name of Limited Partnership

1a. DOCUMENT #
A98000002500

TERMIN PROPERTIES, LTD.

Mailing Address

2234 BAYSIDE VILLAGE
FISHER ISLAND FL 33109

Principal Office Address

2234 BAYSIDE VILLAGE
FISHER ISLAND FL 33109

3. Date Formed or Registered

11/04/1998

5a. Capital Contributions as
Shown on record.

\$1,200,050.00

3a. Date of Last Report

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

4. State or Country of Formation

FL

6. FEI Number

65-0873011

☐ 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

TERMIN, LEON
2234 BAYSIDE VILLAGE
FISHER ISLAND FL 33109

10. If changed, new Registered Agent/Office

Name

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

Leon Termin, M.D.

Suite, Apt. #, etc.

2001 W. 68 Street

City

Hialeah

FL

Zip Code
33016

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)

LEON TERMIN, INC.

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

~~2234 BAYSIDE VILLAGE~~
Leon Termin, M.D.
2001 W. 68 Street

11b. City, State & Zip Code

~~FISHER ISLAND FL 33109~~
400002936374--0
Hialeah, FL 33016
07/20/99--01068--004
***1026.25 ***1026.25

11c. Registration/
Document Number

J26292

99

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

Leon Termin, President

DATE

6/28/99

Leon Termin, President

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

(305) 823-5000

CR2E003 (12/98)