

LIMITED PARTNERSHIP  
ANNUAL REPORT  
**1999**



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

98 DEC 29 PM 2:06

1. Name of Limited Partnership		1a. DOCUMENT # A98000002691		38 DEC 29 PM 2:06	
Sorkin Edgewater, Ltd.					
Mailing Address		Principal Office Address		3. Date Formed or Registered 12/08/98	
4721 University Drive Coral Gables, Florida 33146		4721 University Drive Coral Gables, Florida 33146		5a. Capital Contributions as Shown on record.  990.00	
				3a. Date of Last Report n/a	
				5b. Amount of Capital Contributions in FLORIDA to date: 990.00	
2. Mailing Address		2a. Principal Office Address		4. State or Country of Formation Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		6. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
City & State		City & State		7. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
Zip Country		Zip Country		8. Make check payable to: Dept. of State (See reverse side for fee information)	

<b>9. Name and Address of Current Registered Agent</b>  Nicholas M. Daniels, Esq. Therrel Baisden, P.A. SunTrust International Center One S.E. 3rd Avenue, Suite 2400 Miami, Florida 33131	<b>10. If changed, new Registered Agent/Office</b>  Name  Street Address (P.O. Box Number is Not Acceptable)  Suite, Apt. #, etc.  City	Zip Code  <b>FL</b>
--	---	---------------------------

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 \_\_\_\_\_

11. Name(s) of General Partner(s)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number
E.W. Group, Inc.	4721 University Drive	Coral Gables, FL	P98000099380

**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

Nicholas M. Daniels, Vice President

DATE \_\_\_\_\_

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

305-371-5758

CR2E003 (8/98)