

**LIMITED PARTNERSHIP
ANNUAL REPORT
1998**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

98 DEC 22 PM 12:24

1. Name of Limited Partnership

1a. DOCUMENT #

A98000002776

ODP DALLAS LIMITED PARTNERSHIP

Mailing Address

Principal Office Address

9000 S.W. 152nd Street, Suite 106
Miami, Florida 33157

3. Date Formed or Registered

12-17-98

**5a. Capital Contributions as
Shown on record.**

\$1,089,992

3a. Date of Last Report

N/A

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

\$1,089,992

4. State or Country of Formation

Florida

2. Mailing Address

9000 S.W. 152nd Street

2a. Principal Office Address

9000 S.W. 152nd Street

Suite, Apt. #, etc.

Suite 106

Suite, Apt. #, etc.

Suite 106

City & State

Miami, Florida

City & State

Miami, Florida

Zip

33157

Country

USA

Zip

33157

Country

USA

6. FEI Number

65-0881433

☐

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

Donald E. Kubit, Esq.
100 S.E. 2nd Street, 17th Floor
Miami, Florida 33131

10. If changed, new Registered Agent/Office

Name

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

Suite, Apt. #, etc.

6000002739236-8

City

01/13/99-01027-006

****526.71 ****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)

JAPPAH MANAGEMENT L.L.C.

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

9000 S.W. 152nd Street

11b. City, State & Zip Code

Miami, Florida 33157

**11c. Registration/
Document Number**

FAX AUDIT NO.
H98000023449

L9800003222

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 By:

Norman Buhrmaster

Vice President

DATE

Dec 19, 1998

Typed or Printed Name of General Partner Signing Form

Norman Buhrmaster

Daytime Telephone Number

(305) 278-8400