FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND $500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1997

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

SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 DEC 24 PM 12:15

1. Name of Limited Partnership

NORTHEAST PLAZA ASSOCIATES, LTD.

1a. DOCUMENT # **B93000000066**

Mailing Address
1001 W. CYPRESS CREEK RD.
SUITE ~~104~~
FT. LAUDERDALE FL 33309

Principal Office Address
1001 W. CYPRESS CREEK RD.
SUITE ~~104~~
FT. LAUDERDALE FL 33309

3. Date Formed or Registered
02/18/1993

3a. Date of Last Report
12/11/1995

4. State or Country of Formation
OH

5a. Capital Contributions as Shown on Records
$855,000.00

5b. Amount of Capital Contributions in FLORIDA to date

6. FEI Number
25-1370093

☐ 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 Instructions)

2. Mailing Address
Suite, Apt. #, etc.
320
City & State
Zip Country

2a. Principal Office Address
Suite, Apt. #, etc.
320
City & State
Zip Country

9. **Name and Address of Current Registered Agent**
NOBIL, JAMES H
1001 W. CYPRESS CREEK RD.
SUITE ~~104~~
FT. LAUDERDALE FL 33309

10. If changed, new Registered Agent/Office
Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, etc.
320
City
FL Zip Code

10a. Pursuant to the provisions of section 620.1905 of the 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 620.1905, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) James H. Nobil DATE 12/15/96

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)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number
NOBIL, JAMES H	1001 W CYPRESS CREEK	FT. LAUDERDALE FL 333	
NOBIL, LYNN	1001 W. CYPRESS CREEK	FT. LAUDERDALE FL 333	
NOVICK, IVAN J	445 FORT PITT BOULEVA	PITTSBURGH PA 15219	
NOVICK, MARY B	445 FORT PITT BOULEVA	PITTSBURGH PA 15219	

12-31

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****10.00 ****10.00

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I declare to the best of my knowledge that the information supplied with this report is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I release the Division of Corporations from any liability of any kind or character with Section 119.07(3)(i) in the event that this information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate. I hereby sign this report with the same legal effect 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 James H. Nobil DATE 12/15/96

Typed or Printed Name of General Partner Signing Form: James H. Nobil

Daytime Telephone Number: (954) 772-5320

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CR5E003 (6/96)