

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

FILED

96 DEC 23 PM 12:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED PARTNERSHIP
ANNUAL REPORT
1997



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

1. Name of Limited Partnership

1a. DOCUMENT #
B93000000230

AFFIRMATIVE DEVELOPMENT COMPANY, LTD.



Mailing Address
5955 T.G. LEE BLVD.
SUITE 150
ORLANDO FL 32822

Principal Office Address
120 WOOSTER STREET
SIXTH FLOOR
NEW YORK NY 10012

3. Date Formed or Registered
05/25/1993

5a. Capital Contributions as
Shown on record
\$0.00

3a. Date of Last Report
12/21/1995

4. State or Country of Formation
NY

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

2. Mailing Address

5850 T.G. LEE Blvd.
Suite, Apt. #, etc.
Suite 650
City & State
Orlando, FL
Zip
32822
Country
ORANGE

2a. Principal Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. FEI Number
13-3153176

☐ 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

JUBELT, PAUL C
5955 T.G. LEE BLVD.
SUITE 150
ORLANDO FL 32822

10. If changed, new Registered Agent/Office

Name

PAUL C. Jubelt

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

5850 T.G. Lee Blvd.

Suite, Apt. #, etc.

Suite 650

City

Orlando

FL

Zip Code

32822

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

12/6/96

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)

AFFIRMATIVE DEVELOPMENT CORP

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

120 WOOSTER ST., SIXI

11b. City, State & Zip Code

NEW YORK NY 10012

11c. Registration/
Document Number

F93000002445

100002045951--6
-01/03/97--01175--024
****191.25 ****191.25

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

DATE

12/11/96

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number