

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

FILED

95 DEC 30 PM 2:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Name of Limited Partnership

1a. DOCUMENT #
B93000000524

ALLBER VENTURES (HIGHPOINT) LTD.

Mailing Address

225 S. WESTMONTE DRIVE
SUITE 3020
ALTAMONTE SPRINGS FL 32714

Principal Office Address

ONE YORKDALE ROAD, SUITE 510
NORTH YORK, ONTARIO M6A 3A1
CANADA

3. Date Formed or Registered

11/30/1993

5a. Capital Contributions as
Shown on record.

\$6,942,453.00

3a. Date of Last Report

12/22/1995

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

\$6,573,707.00

4. State or Country of Formation

OC

6. FBI Number

98-0112575

☐ 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

MCENULTY, FRANK
C/O TRI FIVE PROPERTIES
225 S. WESTMONTE DRIVE, #3020
ALTAMONTE SPRINGS FL 32714

10. If changed, new Registered Agent/Office

Name DAVID W. HALL
Street Address (P.O. Box Number is Not Acceptable)
200002052078--1
Suite, Apt. #, etc. -01709797--01026--005
City *****576.25 *****576.25
FL Zip Code

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 12/16/96

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)

833846 ONTARIO LIMITED

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

ONE YORKDALE ROAD, SU

11b. City, State & Zip Code

NORTH YORK, ONT., CAN

11c. Registration/
Document Number

F93000005440

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 12/16/96

CR2E003 (6/96)