

**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  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

12/23

96 DEC 17 PM 3: 18



<b>1.</b> Name of Limited Partnership	<b>1a.</b> DOCUMENT # <b>B94000000245</b>
<b>DARK STARR LIMITED PARTNERSHIP</b>	

Mailing Address <b>ONE GREENWAY PLAZA SUITE 850 HOUSTON TX 77046-0102</b>	Principal Office Address <b>848 BRICKELL AVENUE SUITE 1120 MIAMI FL 33131</b>
<b>2.</b> Mailing Address	<b>2a.</b> Principal Office Address
Suite, Apt #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

<b>3.</b> Date Formed or Registered <b>06/28/1994</b>	<b>5a.</b> Capital Contributions as Shown on record <b>\$7,750,000.00</b>
<b>3a.</b> Date of Last Report <b>01/02/1996</b>	
<b>4.</b> State or Country of Formation <b>DE</b>	<b>5b.</b> Amount of Capital Contributions in FLORIDA to date <b>\$7,800,000.00</b>
<b>6.</b> FEI Number <b>65-0500559</b>	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
<b>7.</b> Certificate of Status Desired	<input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required
<b>8.</b> Make check payable to: Dept. of State (See reverse side for fee information)	

<b>9.</b> Name and Address of Current Registered Agent <b>COBER CORPORATE AGENTS, INC. 2601 S. BAYSHORE DRIVE, 19TH FLOOR MIAMI FL 33133</b>	<b>10.</b> If changed, new Registered Agent/Office Name: Street Address (P.O. Box Number is Not Acceptable): Suite, Apt. #, etc.: City: <b>FL</b> Zip Code
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**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.**

<b>11.</b> Name(s) of General Partner(s)	<b>11a.</b> Address of Each General Partner (Do NOT Use Post Office Box Numbers)	<b>11b.</b> City, State & Zip Code	<b>11c.</b> Registration/Document Number
<b>LEF/KENDALL MALL, LTD.</b>	<b>848 BRICKELL AVE., ST</b>	<b>MIAMI FL 33131</b>	<b>A94000000846</b>

**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 *Sandra Gray* DATE *12-10-96*  
Sandra L. Gray, Corporate Secretary, LEF/Kendall Mall, Inc., General Partner of  
LEF/Kendall Mall, Inc., General Partner of Dark Starr Limited Partnership Phone Number (713) 850-1850

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