

**FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

**LIMITED PARTNERSHIP
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

99 JAN 25 PM 2:23

1. Name of Limited Partnership

**SOMERSET FOUR LIMITED
PARTNERSHIP**

1a.

DOCUMENT #

B94000000504

Mailing Address

**PO Box 562438
Miami, FL 33256**

Principal Office Address

**6255 Bird Road
Miami, FL 33155**

2. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

2a. Principal Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

3. Date Filed for Registration

12/15/94

3a. Date of Last Report

11/4/97

4. State or Country of Formation

DE

6. Filer Number

65-0541201

7. Certificate of Status Division

8. Mailing Address, 600 N. Duval St., Suite 1000, Jacksonville, FL 32202

5a. Capital Contribution

\$100.00

5b. Annual Report Contribution

☐ Applied For
☐ Not Applicable

\$8.75 Annual Report Fee

9. Name and Address of Current Registered Agent

**Zulueta, Ignacio G.
6255 Bird Road
Miami, FL 33155**

Name

Street Address (P.O. Box Not Permitted)

Suite, Apt. #, etc.

City

FL Zip Code

10. Principal Office Registered Agent

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above named limited partnership is duly organized 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. Said change was authorized by its general partner(s). Thereby 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)

Excel Development Corp

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

6255 Bird Road

11b. City, State & Zip Code

Miami, FL 33155

11c. Identification Number

K65519

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

12. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption set forth in Section 119.07(3)(k) of the Florida Statutes. I declare that the Division of Corporations is not liable for 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 effect as if made under oath. I further certify that I am a General Partner of the limited partnership, or owner or partner, empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE

DATE

Typed or Printed Name of General Partner Signing Form

Typed or Printed Name

CR2000 (8/98)