

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  
96 OCT 11 PM 3:43

1. Name of Limited Partnership

1a. DOCUMENT #  
B96000000065

TRADE CENTER COMPLEX LIMITED PARTNERSHIP



Mailing Address

% GE INVESTMENTS  
3003 SUMMER STREET  
STAMFORD CT 06904

Principal Office Address

% GE INVESTMENTS  
3003 SUMMER STREET  
STAMFORD CT 06904

3. Date Formed or Registered

02/15/1996

5a. Capital Contributions as  
Shown on record

\$26,007,149.41

3a. Date of Last Report

5b. Amount of Capital  
Contributions in FLORIDA  
to date

26,007,149

4. State or Country of Formation

DE

6. FBI Number

06-1451253

☐ 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)

2. Mailing Address

406 EIC R/E Tax Dept.

Suite, Apt. #, etc.

P.O. Box 120073

City & State

Stamford, CT

Zip

06912-0073

Country

USA

2a. Principal Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301

10. If changed, new Registered Agent/Office

Name

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

Suite, Apt. #, etc.

City

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)

Deborah D. Skipper, As agent

DATE 10-11-96

**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)

BROWARD RPF III REALTY CORP.

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

3003 SUMMER STREET

11b. City, State & Zip Code

STAMFORD CT 06904

11c. Registration/  
Document Number

F96000000786

**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

10/7/96

Typed or Printed Name of General Partner Signing Form

Michael J. Strane

Daytime Telephone Number

(203) 326-2300

CR2E003 (6/96)

1201 HAYS STREET  
TALLAHASSEE, FL 32301-2607  
904-222-0711  
904-222-3900 FAX

800-342-8086

2

B96 000000065



PRENTICE HALL  
LEGAL & FINANCIAL SERVICES

ACCOUNT NO. : 072100000032

REFERENCE : 115479 8630A

AUTHORIZATION : *Patricia Pizant*

COST LIMIT : \$ 576.25

ORDER DATE : October 9, 1996

ORDER TIME : 11:47 AM

ORDER NO. : 115479-045

CUSTOMER NO: 8630A

CUSTOMER: Ms. Alissa Heller  
Ge Investment Co.  
Registered Agent Department  
1013 Centre Road  
Wilmington, DE 19805

8600001472046

ANNUAL REPORT FILING

NAME: TRADE CENTER COMPLEX LIMITED  
PARTNERSHIP

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XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: VICKI PEREZ

EXAMINER'S INITIALS:

*BK*  
96 OCT 11 PM 12:58  
DIVISION OF CORPORATIONS