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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000092719

1. Corporation Name

TURNPIKE GENERAL PARTNER, INC.

Principal Place of	f Business	Mailing Address				- .	AT 150 ID11? B1831 AD319 A819	1 ad ill ad leð í	HULLY 11011 1000	i jiğiğ iğiş ibbi
701 BRICKELL AVENUE		701 BRICKELL AVENUE								
STE. 1600		STE. 1600			DO NOT WRITE IN THIS SPACE					
MIAMI FL 33131		MIAMI FL 33131	MIAM! FL 33131			3. Date Incorporated or Qualifed				
1						12/23/19				
2. Principal Place	e of Business	2a. Mailing Address				4. FEI Number			A	oplied For
21	•	26				65-05495	562			ot Applicable
Suite, Apt. #, e	etc.	Suite, Apt. #, etc.				5 Certificate o	f Status Desired		* - · · -	Additional
22		27								equired
City & State		City & State					mpaign Financing		-	May Be to Fees
23	Country	Zip	Count	itr/			Contribution ation owes the curre	nt vear Inte		lo rees
Zip	25		30	,		Personal Pr		in year iin	Yes	□No
24	9. Name and Address of Curren		1301				Address of New Re	gistered a	Agent	
			8	81	Name		_			
HUDSO)n, robert f Jr.		5	82	Street Addre	ess (P.O. Box Nun	mber is Not Acceptat	ole)		
1200 701 BRI	ICKELL AVENUE	aΛ								
	19TH FLOC	//C	8	83		•				
MIAMI H	FL 33131		1	84	City				85 Zip	Code
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						ration submits thi	s statement for the D	ourbose or	changing its	i i edižiei en
office or regie	the provisions of Sections 607.0502	of Florida. Such change was at	uthorized t	by the	named corpo e corporation	n's board of direct	tors. I hereby accept	the appoin	ntment as re	egistered
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CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

Daytime Phone #