

**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 NOV -7 AM 9:46

HR 1115



1. Name of Limited Partnership

1a. DOCUMENT #
A16373

BEAUX GARDENS ASSOCIATES, LTD.

Mailing Address 2828 CORAL WAY PENTHOUSE SUITE MIAMI FL 33145	Principal Office Address 2828 CORAL WAY PENTHOUSE SUITE MIAMI FL 33145	3. Date Formed or Registered 02/03/1984	5a. Capital Contributions as Shown on record \$2,250,000.00
2. Mailing Address	2a. Principal Office Address	3a. Date of Last Report 05/28/1996	5b. Amount of Capital Contributions in FLORIDA to date
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. State or Country of Formation FL	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
City & State	City & State	6. FEI Number 13-3209294	
Zip	Country	7. Certificate of Status Desired <input checked="" type="checkbox"/> \$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 PEREZ, JORGE M 2828 CORAL WAY-PH MIAMI FL 33145	10. If changed, new Registered Agent/Office
	Name
	Street Address (P.O. Box Number Is Not Acceptable)
	Suite, Apt. #, etc.
	City
	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 _____

**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) TANDY, NORMAN	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 625 MADISON AVENUE	11b. City, State & Zip Code NEW YORK NY	11c. Registration Document Number 100002006091--8 -11/15/96--01072--021 ****585.00 ****585.00
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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 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: *Norman Tandy* DATE: **10/28/96**

Typed or Printed Name of General Partner Signing Form: **NORMAN TANDY** Daytime Telephone Number: **(305) 460-9900**

CR2E003 (6/96)