

**FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B-22

LIMITED PARTNERSHIP ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra Mortham Secretary of State DIVISION OF CORPORATIONS
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1. Name of Limited Partnership RUE GRANVILLE APTS., LTD.	1a. DOCUMENT # A21122
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Mailing Address 1335 LINCOLN ROAD MIAMI BEACH FL 33139	Principal Office Address 1335 LINCOLN ROAD MIAMI BEACH FL 33139
2. Mailing Address	2a. Principal Office Address
Suite, Apt. #, etc	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

3. Date Formed or Registered 10/31/1985	5a. Capital Contributions as Shown on record. \$495.00
3a. Date of Last Report 10/23/1995	5b. Amount of Capital Contributions in FLORIDA to date.
4. State or Country of Formation FL	6. FEI Number 59-2592323 <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
7. Certificate of Status Desired <input 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 SKLAR, ISAAC 1335 LINCOLN RD. MIAMI BEACH FL 33139
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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) _____ 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) RUE GRANVILLE APTS., INC	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 1335 LINCOLN ROAD	11b. City, State & Zip Code MIAMI BEACH FL	11c. Registration/Document Number M20190
600002065686--8 -01/23/97--01006--007 ****191.25 ****191.25			

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 *Isaac Sklar* DATE 11/13/96
 Typed or Printed Name of General Partner Signing Form ISAAC SKLAR Daytime Telephone Number 305-672-8896

CFR2E003 (6/96)