

**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
97 JAN -2 AM 11:02

1. Name of Limited Partnership

1a. DOCUMENT #
A22132

18100 COLLINS AVENUE SHOPPING CENTER, LTD.



Mailing Address

**17100 COLLINS AVENUE
SUITE 225
SUNNY ISLES BEACH FL 33160**

Principal Office Address

**17100 COLLINS AVENUE
SUITE 225
SUNNY ISLES BEACH FL 33160**

3. Date Formed or Registered

02/28/1986

5a. Capital Contributions as Shown on record

\$540,000.00

3a. Date of Last Report

12/27/1995

5b. Amount of Capital Contributions in FLORIDA to date.

4. State or Country of Formation

FL

2. Mailing Address

2a. Principal Office Address

Suite, Apt. #, etc

Suite, Apt. #, etc

City & State

City & State

Zip

Country

Zip

Country

6. FEI Number
59-2663220

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)

9. Name and Address of Current Registered Agent

**KATZ, RAANAN
17100 COLLINS AVE
SUITE 225
SUNNY ISLES BEACH FL 33160**

10. If changed, new Registered Agent/Office

Name

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

Suite, Apt. #, etc.

City

000002054430-0
-01/10/97-01090-013
*****576.25 FL ***576.25**

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)

R. K. ASSOCIATES #1, INC

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

17100 COLLINS AVE. STE

11b. City, State & Zip Code

SUNNY ISLES BCH FL

11c. Registration/Document Number

M27776

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

Raanan Katz

DATE

12-27-96

Typed or Printed Name of General Partner Signing Form

Raanan Katz

Daytime Telephone Number

305-949-4110