

FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 NOV 14 PM 1:44

1. Name of Limited Partnership

1a. DOCUMENT #
A28799

421 WASHINGTON AVENUE ASSOCIATES, LTD.



Mailing Address

230 FIFTH STREET
MIAMI BEACH FL 33139

Principal Office Address

230 FIFTH STREET
MIAMI BEACH FL 33139

3. Date Formed or Registered

08/24/1989

5a. Capital Contributions as Shown on record.

\$213,000.00

3a. Date of Last Report

12/19/1996

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

4. State or Country of Formation

FL

6. FEI Number

65-0256243

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

Suite, Apt. #, etc.

City & State

Zip

Country

2a. Principal Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

9. Name and Address of Current Registered Agent

ROBINS, CRAIG
230 FIFTH STREET
MIAMI BEACH FL 33139

10. If changed, new Registered Agent/Office

Name

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

Suite, Apt. #, etc.

City

900002352369-0
-11/19/97-01099-019
***541.25 FL ***541.25

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)

421 WASHINGTON AVE, INC.

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

230 FIFTH STREET

11b. City, State & Zip Code

MIAMI BEACH FL

11c. Registration/Document Number

L10173

[Handwritten Signature]
11-17

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

Typed or Printed Name of General Partner Signing Form

[Handwritten Signature]
President Craig Robins

DATE

10/17/97

Daytime Telephone Number

531-8700

CR2E003 (6/97)