

**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 OCT 24 AM 9:46



1. Name of Limited Partnership RELATED PALM BEACH, LTD.		1a. DOCUMENT # A30117	
Mailing Address 2828 CORAL WAY, PENTHOUSES MIAMI FL 33145	Principal Office Address 2828 CORAL WAY, PENTHOUSES MIAMI FL 33145	3. Date Formed or Registered 05/23/1990	5a. Capital Contributions as Shown on record \$100.00
2. Mailing Address	2a. Principal Office Address	3a. Date of Last Report 01/02/1996	5b. Amount of Capital Contributions in FLORIDA to date 100.
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. State or Country of Formation FL	6. FEI Number 65-0252123 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
City & State	City & State	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)
Zip	Country	Zip	Country

9. Name and Address of Current Registered Agent THE RELATED COMPANIES OF FLORIDA, INC. 2828 CORAL WAY, PENTHOUSES MIAMI FL 33145	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. # etc City FL Zip Code
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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) RELATED CO.'S OF FL, INC	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 2828 CORAL WAY, PENTH	11b. City, State & Zip Code MIAMI FL	11c. Registration/Document Number 617998
			<p>500001991645--6 -10/31/96--01020--001 ****200.00 ****200.00</p> <p><i>CUS/KWM</i></p>

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)(f), 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 employed to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE *Angel Hernandez* **ANGEL HERNANDEZ** VICE - PRESIDENT DATE **10/22/96**

Typed or Printed Name of General Partner Signing Form _____ Daytime Telephone Number **305-460-9900**

CR2E003 (6/96)