

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

FILED

96 NOV 14 PM 2: 09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 7401 PLANTATION, LTD.	1a. DOCUMENT # A32145 <i>97-AR CM</i>
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Mailing Address C/O MICHAEL GLINSKY 2655 LE JEUNE RD., STE. #1111 CORAL GABLES FL 33134	Principal Office Address 2655 LE JEUNE RD. SUITE 1111 CORAL GABLES FL 33134
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3. Date Formed or Registered 10/24/1991	5a. Capital Contributions as Shown on record. \$2,195,000.00
3a. Date of Last Report 12/12/1995	5b. Amount of Capital Contributions in FLORIDA to date:

2. Mailing Address <i>C/O Michael Glinsky & Co. Suite, Apt. #, etc. 169 E. FLAGLER ST., 1518 MIAMI, FL 33131 USA</i>	2a. Principal Office Address <i>169 E. FLAGLER ST., 1518 MIAMI, FL 33131 USA</i>
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4. State or Country of Formation FL	5b. Amount of Capital Contributions in FLORIDA to date:
6. FEI Number 65-0296108	

7. Certificate of Status Desired	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
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8. Make check payable to: Dept. of State (See reverse side for fee information)	\$8.75 Additional Fee Required
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9. Name and Address of Current Registered Agent GLINSKY, MICHAEL 2655 LE JEUNE RD. SUITE 1111 CORAL GABLES FL 33134

10. If changed, new Registered Agent/Office Name: <i>GLINSKY, MICHAEL</i> Street Address (P.O. Box Number Is Not Acceptable): <i>169 E. FLAGLER ST., 1518</i> Suite, Apt. #, etc.: <i>1518</i> City: <i>MIAMI</i> State: FL Zip Code: <i>33131</i>

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)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/Document Number
ARAD ENTERPRISES, INC.	48 E. FLAGLER ST., PH	MIAMI FL	S87708
200002012052--1 -11/22/95--01021--004 ***576.25 ***576.25			

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 *X* _____ DATE *X 11-11-96*
 Typed or Printed Name of General Partner Signing Form *MIGUEL RABINOVICH* Daytime Telephone Number *X 358-4466*

CR2E003 (6/96)