

**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 FEB 10 PM 12:13

1. Name of Limited Partnership

1a. DOCUMENT #
A93000000671

SOUTHERN CENTER ASSOCIATES LIMITED PARTNERSHIP



2-10

Mailing Address 20801 BISCAYNE BLVD. SUITE 455 AVENTURA FL 33180		Principal Office Address 20801 BISCAYNE BLVD. SUITE 455 AVENTURA FL 33180		3. Date Formed or Registered 06/25/1993	5a. Capital Contributions as Shown on record. \$368,000.00
2. Mailing Address		2a. Principal Office Address		3a. Date of Last Report 01/29/1996	5b. Amount of Capital Contributions in FLORIDA to date 368,000
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. State or Country of Formation FL	
City & State		City & State		6. FEI Number 65-0419191	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country	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 BREGER, EDWARD E 2875 N.E. 191ST STREET, SUITE 811-816 NORTH MIAMI FL 33180		10. If changed, new Registered Agent/Office	
		Name	
		Street Address (P.O. Box Number Is Not Acceptable)	
		Suite, Apt. #, etc.	
		City	Zip Code
		FL	

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) *Edward E. Breger* DATE **Dec 20, 1996**

**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) SOUTHERN MASTER ASSOCIATES C	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 20801 BISCAYNE BLVD.,	11b. City, State & Zip Code AVENTURA FL 33180	11c. Registration/Document Number P93000044847
			800002090578--4 -02/18/97--01057--007 ****576.25 ****576.25
			KWM

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 *Southern Center Associates LP* DATE **12/24/96**
Typed or Printed Name of General Partner Signing Form **Southern Center Associates LP** Daytime Telephone Number **305 933-4546**

CR2E003 (6/96)