

**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 Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 OCT 25 PM 4:28



1. Name of Limited Partnership
RELATED/GMN BISCAYNE, LTD.

1a. DOCUMENT #
A93000001343

Mailing Address C/O RELATED HOMESTEAD, INC. 2828 CORAL WAY, PENTHOUSE SUITE MIAMI FL 33145	Principal Office Address C/O RELATED HOMESTEAD, INC. 2828 CORAL WAY, PENTHOUSE SUITE MIAMI FL 33145
2. Mailing Address	2a. Principal Office Address
Suite, Apt #, etc	Suite Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

3. Date Formed or Registered 12/14/1993	5a. Capital Contributions as Shown on record \$695.00
3a. Date of Last Report 01/02/1996	5b. Amount of Capital Contributions in FL ORIDA to date 695.-
4. State or Country of Formation FL	
6. FE# Number 65-0454743	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
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)	

9. Name and Address of Current Registered Agent

**PEREZ, JORGE M
C/O THE RELATED COMPANIES
2828 CORAL WAY, PENTHOUSE SUITE
MIAMI FL 33145**

10. If changed, new Registered Agent/Office

Name _____
Street Address (P.O. Box Number is Not Acceptable) _____
Suite, Apt #, etc _____
City _____ State **FL** Zip Code _____

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 the partnership agreement or by the registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) _____

400001343
-11/05/96--01163--001
******200.00 ****200.00**
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
RELATED HOMESTEAD, INC.	2828 CORAL WAY, PENTH	MIAMI FL 33145	P93000082828
GMN AFFORDABLE HOUSING PARTN	1460 BRICKELL AVENUE,	MIAMI FL 33131	P93000032629

cus / 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 627, Florida Statutes.

SIGNATURE *Angel Hernandez* **ANGEL HERNANDEZ**
VICE - PRESIDENT

DATE **10/22/96**

Daytime Telephone Number **305-460-9900**

CR2E003 (6/96)