

**FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP  
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP  
ANNUAL REPORT  
**1999**



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

98 OCT 15 AM 9:03

1. Name of Limited Partnership

1a. DOCUMENT #  
**A93000001343**

RELATED/GMN BISCAYNE, LTD.



Mailing Address C/O INSIGNIA FINANCIAL GROUP, INC. P.O. BOX 1089 GREENVILLE SC 29602		Principal Office Address C/O INSIGNIA FINANCIAL GROUP, INC. P.O. BOX 1089 GREENVILLE SC 29602		3. Date Formed or Registered <b>12/14/1993</b>	5a. Capital Contributions as Shown on record. <b>\$695.00</b>
2. Mailing Address		2a. Principal Office Address		3a. Date of Last Report <b>01/02/1998</b>	5b. Amount of Capital Contributions in FLORIDA to date: <b>\$ 695 -</b>
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. State or Country of Formation <b>FL</b>	7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
City & State		City & State		6. FEI Number <b>65-0454743</b>	
Zip	Country	Zip	Country	8. Make check payable to: Dept. of State (See reverse side for fee information) <b>141.25</b>	

9. Name and Address of Current Registered Agent <b>SF GENERAL, INC. C/O INSIGNIA FINANCIAL GROUP, INC. 2300 GLADES ROAD, SUITE 310 WEST BOCA RATON FL 33431</b>	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City <b>FL</b> Zip Code <b>33431</b>
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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)	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
SF GENERAL, INC.	P.O. BOX 1089	GREENVILLE SC 29602	F97000001937

800002668378-1  
-10/20/98-01073-012  
\*\*\*\*141.25 \*\*\*\*141.25

GSA # 6638  
code to Act 8316  
Act 141.25

MS

**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 \_\_\_\_\_

DATE **9/17/98**

Typed or Printed Name of General Partner Signing Form **JAMES KESTER**

Daytime Telephone Number **804 298 8461**

CR2E003 (8/98)