

**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

95 OCT 28 PM 12:34



1. Name of Limited Partnership

1a. DOCUMENT #
A9400000816

SFA JADE GARDENS, LTD.

Mailing Address 9200 SOUTH DADELAND BLVD., SUITE 609 MIAMI FL 33156	Principal Office Address 9200 SOUTH DADELAND BLVD., SUITE 609 MIAMI FL 33156
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 06/17/1994	5a. Capital Contributions as Shown on record \$7,500.00
3a. Date of Last Report 01/17/1996	
4. State or Country of Formation FL	5b. Amount of Capital Contributions in FL ORIDA to date:
6. FEI Number 65-0500726	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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

KEY CORPORATE SERVICES, INC.
FIRST UNION FINANCIAL CENTER
200 SOUTH BISCAYNE BLVD., 20TH FLOOR
MIAMI FL 33131

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, submit 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) SFA JADE GARDENS, INC.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 9200 SOUTH DADELAND B	11b. City, State & Zip Code MIAMI FL 33156	11c. Registration/Document Number P94000045508
<p>800001992508--2 -10/31/96--01075--020 ****191.25 ****191.25</p> <p><i>du</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)(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 **10/10/96**

Typed or Printed Name of General Partner Signing Form **Robert Spielman** Daytime Telephone Number **305-670-9700**

CR2E003 (6/96)