

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

96 DEC 16 AM 11:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

13

1. Name of Limited Partnership 7800 NE 2ND AVE, LTD		1a. DOCUMENT # A96000001955	
2. Mailing Address 419 WEST 49TH STREET #106 HIALAH, FL 33012-3602		2a. Principal Office Address SAMA	
3. Date Formed or Registered 10/16/96		5a. Capital Contributions as Shown on record 760,000	
3a. Date of Last Report —		5b. Amount of Capital Contributions in FLORIDA to date 760,000	
4. State or Country of Formation FL		6. FEI Number 65-0704607 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. FEI Number 65-0704607		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 7800 NE 2ND AVE, L.C. 419 WEST 49TH STREET #106 HIALAH, FL 33012-3602		10. If changed, new Registered Agent/Office	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, etc.	
		City	
		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 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 (Representative 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
7800 NE 2ND AVE, L.C.	419 W 49TH ST #106	HIALAH, FL 33012-3602	L96000001096
		100002035501-1 -12/20/96--01105--001 ***5762.50 ***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 BY *James Q. Fisher* **A MANAGER** DATE 12/12/96

Typed or Printed Name of General Partner Signing Form: JAMES Q. FISHER Daytime Telephone Number: 305-757-1930

CR2E003 (6/96)