## FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP **ANNUAL REPORT** 1998

MIAMI GARDENS WASERSTEIN, LTD.



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

Mailing Address

**DOCUMENT #** A97000000746

Principal Office Address

FILED SECRETARY OF STATE VISION OF CORPORATIONS

97 DEC 31 PM 3: 05

Date Formed or Registered

04/01/1997



**5a.** Capital Contributions as Shown on record.

12/23/97

1655 DREXEL AVENUE. SUITE 208 MIAMI BEACH FL 33139	1655 Drexel Avenue, Suite 208 Miami Beach Fl 33139			04/01/1997 3a. Dale of Last Report	\$5,000.00	
					<b>5b.</b> Amo Cont	unt of Capital ributions in FLORIDA
2. Malling Address	2a. Principal Office Address	2a. Principal Office Address		4. State or Country of Formation	360,900.00	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		6. FEI Number		
City & State	City & State	City & State		7. Cerlificate of Status Desired	<u>, ,                                   </u>	Not Applicable  \$8.75 Additional Fee Regulred
Zip Country	Zip	Zip Country		8. Make check payable to: Dopt. of State (See reverse side for fee Information		
9. Name and Address of Curre	nt Registered Agent			10. If changed, new Registered	l Agent/Office	
WASERSTEIN, LIBA 1655 DREXEL AVENUE, SUITE 212		Name				
		Street Address (P.O. Box Number Is Not Acceptable)				
MIAMI BEACH FL 33139		Suite, Apt. #, etc.				
		City		AFM		Zip Code
SIGNATURE (Registered Agent Accepting Appointment)  A GENERAL PARTNER THAT MUS	IS A CORPORATION, BT BE REGISTERED AN	LIMITED	PART	DATE NERSHIP OR OTHE IN THIS OFFICE.		NESS ENTITY
11. Name(s) of General Partner(s)	11a. Address of Each Gene (Do NOT Use Post Office I	D 1	11b.	City, State & Zip Code	11c.	Registration/ Document Number
MIAMI GARDENS WASERSTEIN, IN	1655 DREXEL AVENUE, S		MIAMI BEACH FL 33139		P97000025249	
				8000024 -01/14/ ****54	# OO\$ /9801 11.25	5383 112-001 ****541.25
	(437.50	27.E0	.)	dec		
Note: General partners MAY NO	T be changed on this for	m; an am	endme	nt must be filed to cha	inge a g	eneral partner.
12. I do hereby certify that the information supplied with	this filing is voluntarily furnished and does i	not qualify for the	exemption	stated in Section 119.07(3)(k), Florida	Statutes. Frei	ease 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 eath. I further certify that I am a General Partner of the limited partnership, receiver or trustee

Typed or Printed Name of General Partner Signing Form Daytime Telephone Number

empowered to execute this report as required by chapter 620, Florida Statutes.