


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

LIMITED PARTNERSHIP ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
1. Name of Limited Partnership GULFSIDE-DADELAND, LTD.		1a. DOCUMENT # A97000000791	
2. Mailing Address 363 GRANELLO AVENUE CORAL GABLES FL 33146		2a. Principal Office Address 363 GRANELLO AVENUE CORAL GABLES FL 33146	
3. Date Formed or Registered 04/07/1997		5a. Capital Contributions as Shown on record. \$10,000.00	
3a. Date of Last Report		5b. Amount of Capital Contributions in FLORIDA to date	
4. State or Country of Formation FL		6. FEI Number 65-0749262	
7. Certificate of Status Desired		8. Make check payable to: Dept. of State (See reverse side for fee information)	
9. Name and Address of Current Registered Agent WEIDER, NORMAN S ESQ. 100 S.E. 2ND STREET, SUITE 3910 MIAMI FL 33131		10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City 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.		11. Name(s) of General Partner(s) GULFSIDE KENDALL DRIVE, INC.	
11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 363 GRANELLO AVENUE		11b. City, State & Zip Code CORAL GABLES FL 33146	
11c. Registration/Document Number P97000026218		11d. City, State & Zip Code CORAL GABLES FL 33146	
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 Jackson Ward		DATE 1-1-98	
Typed or Printed Name of General Partner Signing Form		Daytime Telephone Number 305-442-7008	

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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