

**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

99 MAR -5 PH 2: 54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



1. Name of Limited Partnership CRISTAL-MIZNER'S PRESERVE LIMITED PARTNERSHIP	1a. DOCUMENT # A98000000253
--	--

Mailing Address C/O JAMES K. GRIFFIN 1401 EAST BROWARD BLVD., SUITE 302 FT. LAUDERDALE FL 33301-2116	Principal Office Address C/O JAMES K. GRIFFIN 1401 EAST BROWARD BLVD., SUITE 302 FT. LAUDERDALE FL 33301-2116
--	---

3. Date Formed or Registered 01/27/1998	5a. Capital Contributions as Shown on record \$100.00
3a. Date of Last Report N/A	5b. Amount of Capital Contributions in FLORIDA to date 741,038.12 ✓
4. State or Country of Formation FL	
6. FEI Number 95-4672089	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
7. Certificate of Status Desired X	\$8.75 Additional Fee Required
8. Make check payable to: Dept. of State (See reverse side for fee information) 1250.25 - FF \$506.25	

2. Mailing Address c/o MARK PORATH 16133 VENTURA BLVD, STE 1400 ENCINO, CA 91436 USA	2a. Principal Office Address te, Apt. #, etc. / & State Country
---	---

9. Name and Address of Current Registered Agent GRIFFIN, JAMES K JR. VICTORIA PARK CENTER 1401 EAST BROWARD BLVD., SUITE 302 FT. LAUDERDALE FL 33301-2116	10. If changed, new Registered Agent/Office Name: N/A 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 (Registered Agent Accepting Appointment) N/A 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
FL MS/HIP GP, L.C.	1401 E. BROWARD BLVD.	FT. LAUDERDALE FL 333	L97000000771
000002739840--0 -03/09/99--01083--002 *****526.25 *****526.25 3-5-99			

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 [Signature] SEE ATTACHED SIGNATURE BLOCK DATE 9/4

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

CRZE003 (8/98)