

FILE ON OR BEFORE APRIL 9, 1997 TO AVOID REVOCATION AND \$500 PENALTY FEE

B96000000379
 LIMITED PARTNERSHIP ANNUAL REPORT
 FLORIDA DEPARTMENT OF STATE
 Barbara Morrison
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

97 MAY 16 PM 1:48



1. Name of Limited Partnership
CENTERLINE/RBG XXXV, L.P.

1a. DOCUMENT #
B96000000379

5-14

Mailing Address 154 WEST HUBBARD STREET, SUITE 250 CHICAGO IL 60610	Principal Office Address 154 WEST HUBBARD STREET, SUITE 250 CHICAGO IL 60610
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 09/26/1996	5a. Capital Contributions as Shown on record. \$250,000.00
3a. Date of Last Report	
4. State or Country of Formation IL	5b. Amount of Capital Contributions in FLORIDA to date: 250,000.00
6. FEI Number 65-071108	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
7. Certificate of Status Desired	<input checked="" 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

COBER CORPORATE AGENTS, INC.
2801 SOUTH BAYSHORE DRIVE, 19TH FLOOR
MIAMI FL 33133

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 (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)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number
RBG XXXV CORP.	154 WEST HUBBARD STRE	CHICAGO IL 60610	F96000004331
CENTERLINE/DOJR ASSOCIATES	5025 N.W. 115TH TERRA	CORAL SPRINGS FL 3307	GP9600000588
000002183210--0 -05/19/97--01121--004 ***1041.25 ***1041.25 000002183210--0 -05/19/97--01121--005 ***1041.25 *****8.75 REINSTATEMENT			

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 section 620.192, Florida Statutes.

SIGNATURE _____ DATE **5-15-97**

Typed or Printed Name of General Partner Signing Form **Lewis Mosecovitch** Daytime Telephone Number **954-344-8040**

CR2E003 (11/96)