FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

DOCUMENT # A9400000300

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SEC ARY OF STATE TALLAHASSEE, FLORIDA

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GARNER PARTNERS II, LTD.			T LOBARDIA 1940 KONIN BODIN ODNIN GENIN SENIN SONON SONON DONIN BONIN BONIN BONIN BONIN BONIN BONIN BONIN BONIN			
					Jf 12/1:	
Mailing Address 801 BRICKELL AVENUE. 14TH FLOOR MIAMI FL 33131-2900 Principal Office Address 801 BRICKELL AVENUE. MIAMI FL 33131-2900		NUE. 14TH FLOOR	3. Date Formed or Registered 03/08/1994	5a. Capital Contributions as Shown on record. \$15,920,362-28		
		MIAMI FL 33131-2900			3a. Date of Last Report	
				10/10/1995	5b. Amount of Capital Contributions in FLORIDA	
2. Mailing A	ddress	2a. Principal Office Address Suite, Apt. #, etc.		4. State or Country of Formation	SAUE AT Sa	
Suite, Apt. #, e	etc.			6, FEI Number 65-0528759	Applied For Not Applicable	
City & State		City & State		7. Certificate of Status Desired	\$8.75 Additional	
Zip	Country	Zip	Country	8. Make check payable to: Dept. o	Fee Required of State (See reverse side for fee information)	
	A N	Danistand & and		10. If changed, new Registers	nd Amerikation	
9. Name and Address of Current Registered Agent MOORE, GERALD W 801 BRICKELL AVENUE, 14TH FLOOR MIAMI FL 33131-2900		Name	TO, il changed, new negislen	ad Agent/Onice		
		Street Address (Street Address (P.O. Box Number			
		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.

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.

11a. (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number
C/O 701 BRICKELL AVEN	MIAMI FL 33131	
C/O 701 BRICKELL AVEN	MIAMI FL 33131	
C/O 701 BRICKELL AVEN	MIAMI FL 33131	
C/O 700 N.E. 90TH STR	MIAMI SHORES FL 33138	
C/O 700 N.E. 90TH STR	MIAMI SHORES FL 33138	
C/O 700 N.E. 90TH STR	MIAMI SHORES FL 33138	
	C/O 701 BRICKELL AVEN C/O 701 BRICKELL AVEN C/O 701 BRICKELL AVEN C/O 700 N.E. 90TH STR C/O 700 N.E. 90TH STR	C/O 701 BRICKELL AVEN C/O 701 BRICKELL AVEN MIAMI FL 33131 C/O 701 BRICKELL AVEN MIAMI FL 33131 MIAMI FL 33131 MIAMI FL 33131 MIAMI FL 33131 MIAMI SHORES FL 33138 C/O 700 N.E. 90TH STR MIAMI SHORES FL 33138

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 eath. I further certify that I am a General Partner of the limited partnership, receiver or truster
	empowered to execute this report as required by chapter 620, Florida Statutes

N	•
SIGNATURE	

SIGNATURE

BY: Cord H. Bank J. TRUST CO, AS GENERAL PARTNER

SIGNATURE

Typed or Printed Name of General Partner Signing Form

Daytime Telep