


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	
1. Name of Limited Partnership AVENTURA ESTATES-ORLANDO LIMITED PARTNERSHIP		1a. DOCUMENT # A97000001207	
2. Mailing Address c/o MARK PORATH 16133 VENTURA BLVD, STE 1400 ENCINO, CA 91436 USA		2a. Principal Office Address % JAMES GRIFFIN 1401 E. BROWARD BLVD., #302 FT. LAUDERDALE FL 33301	
3. Date Formed or Registered 05/29/1997		5a. Capital Contributions as Shown on record \$100.00	
3a. Date of Last Report 12/31/1997		5b. Amount of Capital Contributions in FLORIDA to date: 322,165.59 ✓	
4. State or Country of Formation FL		6. FEI Number 95-4637287 <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		8. Make check payable to Dept. of State (See reverse side for fee information) FF \$506.25	
9. Name and Address of Current Registered Agent GRIFFIN, JAMES VICTORIA PARK CENTER 1401 E. BROWARD BLVD., STE. 302 FT. LAUDERDALE FL 33301		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
MS/SEP #2 GP, L.C.	ONE EAST BROWARD BLVD 16133 VENTURA BLVD, #1400	FT. LAUDERDALE FL 333 ENCINO, CA 91436	L97000000589
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 SEE ATTACHED SIGNATURE BLOCK		DATE	
Typed or Printed Name of General Partner Signing Form		Daytime Telephone Number	

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CR2E003 (8/98)