

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

**LIMITED PARTNERSHIP
ANNUAL REPORT
1997**



FLORIDA DEPARTMENT OF STATE
Sandra Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

96 DEC 31 PM 2:01



1. Name of Limited Partnership	1a. DOCUMENT # A00792
MIAMI DOLPHINS, LTD.	

Mailing Address 7500 SW 30TH STREET DAVIE FL 33314	Principal Office Address 7500 SW 30TH STREET DAVIE FL 33314	3. Date Formed or Registered 12/15/1965	5a. Capital Contributions as Shown on record. \$17,680,734.00
		3a. Date of Last Report 10/16/1995	
2. Mailing Address	2a. Principal Office Address	4. State or Country of Formation FL	5b. Amount of Capital Contributions in FLORIDA to date: 17,680,734
Suite, Apt. #, etc.	Suite, Apt. #, etc.	6. FEI Number 59-1111924	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
City & State	City & State	7. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
Zip	Country	8. Make check payable to: Dept. of State (See reverse side for fee information)	

9. Name and Address of Current Registered Agent SOUTH FLORIDA FOOTBALL CORPORATION -JOE ROBBIE STADIUM- -2269 N.W. 199TH STREET- -MIAMI FL 33056-	10. If changed, new Registered Agent/Office Name: SOUTH FLORIDA FOOTBALL CORPORATION Street Address (P.O. Box Number Is Not Acceptable): 7500 SW 30TH STREET Suite, Apt. #, etc. City: DAVIE FL Zip Code: 33314
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) SOUTH FLORIDA FOOTBALL CORPO	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) -2269 N.W. 199TH STREET 7500 SW 30TH STREET	11b. City, State & Zip Code -MIAMI FL 33056 DAVIE FL 33314	11c. Registration/Document Number P94000025126
<p>400002048094--9 -01/07/97--01089--003 ***576.25 ***576.25</p> <p>KWM</p>			

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 690, Florida Statutes.	SIGNATURE Typed or Printed Name of General Partner Signing Form: J. R. STRACCIA	DATE 12/30/96 Daytime Telephone Number: (954) 452-7000
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