

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

97 JAN -9 PM 3:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



1. Name of Limited Partnership		1a. DOCUMENT # <b>A03841</b>	
2699 BISCAYNE BOULEVARD, LTD.			
Mailing Address 275 NW 132 AVE. MIAMI FL 33182		Principal Office Address 275 NW 132 AVE. MIAMI FL 33182	
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 <b>07/18/1974</b>	5a. Capital Contributions as Shown on record. <b>\$124,700.00</b>
3a. Date of Last Report <b>01/29/1996</b>	5b. Amount of Capital Contributions in FLORIDA to date.
4. State or Country of Formation <b>FL</b>	
6. FEI Number <b>NOT APPLICABLE</b> <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)	

9. Name and Address of Current Registered Agent <b>MORENO, GUSTAVO 4430 S.W. 137 CT. MIAMI FL 33175</b>	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. <b>0000002061400-4</b> City <b>-01/17/97--01021--003</b> <b>FL</b>
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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
MORENO, GUSTAVO	4430 S.W. 137 CT.	MIAMI FL	
MORENO, MARIA A.	4430 S.W. 137 CT.	MIAMI FL	

**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 Maria Moreno DATE 12/31/96  
Typed or Printed Name of General Partner Signing Form MARIA Moreno Daytime Telephone Number (305) 552-6377