

**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

95 OCT 24 AM 9:48



1. Name of Limited Partnership BYRON FLAGLER, LTD.	1a. DOCUMENT # A07724
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Mailing Address % BORIS ROSEN 25 S.E. 2ND AVE., STE. 220 MIAMI FL 33131	Principal Office Address % BORIS ROSEN 25 S.E. 2ND AVE., STE. 220 MIAMI FL 33131	3. Date Formed or Registered 07/26/1979	5a. Capital Contributions as Shown on record \$397,048.68
2. Mailing Address	2a. Principal Office Address	3a. Date of Last Report 10/02/1995	5b. Amount of Capital Contributions in FLORIDA to date 397,048.68
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. State or Country of Formation FL	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
City & State	City & State	6. FEI Number 59-1931343	
Zip	Country	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 SILVER, MAX R. 150 S.E. 2ND AVE #500 MIAMI FL 33131	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) 200001991392--8 Suite, Apt. #, etc. -10/30/96--01129--012 City ****576.25 ****576.25 FL Zip Code
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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
GURMAN, MARK	17980 N.E. 31ST COURT	AVENTURA FL 33160	KWM ?
KOZOLCHYK, BENNY	2076 NE 121ST ROAD	MIAMI BEACH FL	
ROK, NATAN	20 SE 1 AVE	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 exempt or 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 _____ DATE **10/21/95**
Typed or Printed Name of General Partner signing Form _____ Daytime Telephone Number _____

CR2E003 (6/96)