

**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 2:05

* 118



1. Name of Limited Partnership

1a. DOCUMENT #
A07973

LITTLE HAVANA NEIGHBORHOOD DEVELOPMENT, LTD.

Mailing Address

~~STUZIN AND GAMNER, P.A.~~
~~1201 BRICKELL AVE, STE 2500~~
~~MIAMI, FL 33134~~
~~XXXXXXXX~~

Principal Office Address

~~STUZIN AND GAMNER, P.A.~~
~~1201 BRICKELL AVE, STE 2500~~
~~MIAMI, FL 33134~~
~~XXXXXXXX~~

3. Date Formed or Registered

09/24/1979

5a. Capital Contributions as Shown on record

\$209,633.06

3a. Date of Last Report

04/05/1996

5b. Amount of Capital Contributions in FLORIDA to date

4. State or Country of Formation

FL

2. Mailing Address

550 Biltmore Way

Suite, Apt. #, etc

Suite 700

City & State

Coral Gables, Florida

Zip Country

33134

2a. Principal Office Address

550 Biltmore Way

Suite, Apt. #, etc

Suite 700

City & State

Coral Gables, Florida

Zip Country

33134

6. FEI Number

59-1997781

Applied For
 Not Applicable

7. Certificate of Status Desired

\$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

NEDBOR, NIKKI J
~~1201 BRICKELL AVE~~
~~SUITE 2500~~
~~MIAMI, FL 33134~~
~~XXXXXXXX~~

10. If changed, new Registered Agent/Office

Name
Street Address (P.O. Box Number is Not Acceptable)
550 Biltmore Way
Suite, Apt. #, etc
Suite 700
City
Coral Gables FL Zip Code
33134

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)

Nikki Medbor

DATE

12/30/96

**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)

MORTGAGE CORPORATION OF THE

11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)

~~1201 BRICKELL AVE, STE 2500~~
550 Biltmore Way
Suite 700

11b. City, State & Zip Code

~~MIAMI, FL 33134~~
Coral Gables, FL
33134

11c. Registration/Document Number

F48392

000002053370--9
-01/09/97--01111--016
***585.00 ***585.00

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.

Mortgage Corporation of the Southeast

SIGNATURE

Alfred R. Camner

DATE **December 30, 1996**

Typed or Printed Name of General Partner Signing Form **Alfred R. Camner, Director**

Daytime Telephone Number **(305) 569-2000**

CR2E003 (6/96)