

FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1998



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

FILED
97 DEC 22 PM 2:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2/12/30

1. Name of Limited Partnership **1a. DOCUMENT #**
A07973

LITTLE HAVANA NEIGHBORHOOD DEVELOPMENT, LTD.

Mailing Address **Principal Office Address**
% STUZIN AND CAMNER, P.A.
650 BILTMORE WAY, SUITE 700
CORAL GABLES FL 33134
% STUZIN AND CAMNER, P.A.
550 BILTMORE WAY, SUITE 700
CORAL GABLES FL 33134

3. Date Formed or Registered
09/24/1979

5a. Capital Contributions as Shown on record.
\$209,633.06

3a. Date of Last Report
12/31/1996

5b. Amount of Capital Contributions in FLORIDA to date:

2. Mailing Address **2a. Principal Office Address**

4. State or Country of Formation
FL

Suite, Apt. #, etc. Suite, Apt. #, etc.

6. FEI Number Applied For Not Applicable
59-1997781

City & State City & State

7. Certificate of Status Desired **\$8.75 Additional Fee Required**

Zip Country Zip Country

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
550 BILTMORE WAY, SUITE 700
CORAL GABLES FL 33134

10. If changed, new Registered Agent/Office
Name
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) _____ 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
MORTGAGE CORPORATION OF THE	550 BILTMORE WAY, SUI	CORAL GABLES FL 33134	F48392
000002382470--7 -01/07/98--01045--033 ***541.25 ***541.25			

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 E. G. Ford, V.P. DATE 12/16/97
 Typed or Printed Name of General Partner Signing Form Mtg. Corp. of The S.E. Daytime Telephone Number (305) 569-2000

CR2E003 (6/97)