

**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

SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 OCT 28 PM 3:32

1. Name of Limited Partnership	1a. DOCUMENT # A08579
1101 BRICKELL PLAZA, LTD.	



Mailing Address C/O LISA DI RIENZO 6401 SW 87TH AVE., #210 MIAMI FL 33173	Principal Office Address 1101 BRICKELL PLAZA MIAMI FL 33131	3. Date Formed or Registered 02/12/1980	5a. Capital Contributions as Shown on record \$20.00
		3a. Date of Last Report 09/25/1995	5b. Amount of Capital Contributions in FLorida to date 20.00
2. Mailing Address	2a. Principal Office Address	4. State or Country of Formation FL	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	6. FEI Number 59-2022680	<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 FREEMAN, PAUL 9100 S. DADELAND BLVD. SUITE 1400 MIAMI FL 33158	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City 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) SISLER, GARY	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 7961 SW 148TH ST.	11b. City, State & Zip Code MIAMI FL 33158	11c. Registration/ Document Number 400001996674--2 -11/05/96--01166--005 ****191.25 ****191.25
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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 **X**

Gary Sisler
Gary Sisler

DATE

10/24/96

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

(305) 325-1600

CR2E003 (5/96)