

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. Morham Secretary of State DIVISION OF CORPORATIONS
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 NOV 12 PM 3: 53

1. Name of Limited Partnership	1a. DOCUMENT # A16629
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FLORIDA PROPERTIES LIMITED PARTNERSHIP

Mailing Address 8995 SUNSET DRIVE SUITE 108 MIAMI FL 33173	Principal Office Address 8995 SUNSET DRIVE SUITE 108 MIAMI FL 33173	3. Date Formed or Registered 03/19/1984	5a. Capital Contributions as Shown on record. \$250,000.00
		3a. Date of Last Report 09/27/1996	5b. Amount of Capital Contributions in FLORIDA to date
		4. State or Country of Formation FL	
2. Mailing Address	2a. Principal Office Address	6. FEI Number 59-2338497	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	7. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
City & State	City & State	8. Make check payable to: Dept. of State (See reverse side for fee information)	
Zip Country	Zip Country		

9. Name and Address of Current Registered Agent ELLIOTT ASSOCIATES REALTY 9995 SUNSET DRIVE SUITE 108 MIAMI FL 33173	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) KREEGER, PETER L. H.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 9000 BRONSON DRIVE	11b. City, State & Zip Code POTOMAC MD 20854	11c. Registration/Document Number 700002346957-23 -11/13/97-01035-018 ****541.25 ****541.25
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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 *Peter Kreeger* *Res. agent* DATE **11-10-97**
 Typed or Printed Name of General Partner Signing Form **Peter Kreeger** Daytime Telephone Number **(305) 270-0395**

CR2E003 (6/97)