

**FILE ON OR BEFORE APRIL 9, 1997 TO AVOID 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

97 FEB 11 PM 2:15



1. Name of Limited Partnership	1a. DOCUMENT # A16930
214 NORTH DIXIE HIGHWAY LIMITED PARTNERSHIP	

Mailing Address 1801 SOUTH FLAGLER DRIVE APT. 703 WEST PAM BEACH FL 33401		Principal Office Address 1801 SOUTH FLAGLER DRIVE APT. 703 WEST PAM BEACH FL 33401		3. Date Formed or Registered 04/30/1984	5a. Capital Contributions as Shown on record. \$1,000.00
2. Mailing Address		2a. Principal Office Address		3a. Date of Last Report 10/19/1995	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. State or Country of Formation FL	5b. Amount of Capital Contributions in FLORIDA to date:
City & State		City & State		6. FEI Number 59-2398034	
Zip	Country	Zip	Country	7. Certificate of Status Desired <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	8. Make check payable to: Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent COHEN, NORMAN G. 1801 S. FLAGLER DR. #703 W. PALM BEACH FL 33401	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
COHEN, NORMAN G. ORISMAN, FLORENZ R.	1801 S. FLAGLER DR. 7 703 ISLAND DR.	W. PALM BEACH FL PALM BEACH FL	300002096559--7 -02/25/97--01059--012 ****156.25 ****156.25 KWM

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 <i>[Signature]</i> Typed or Printed Name of General Partner Signing Form NORMAN G COHEN	DATE 2/6/96 Daytime Telephone Number 561-336000

CR2E003 (11/96)