

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  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

97 DEC 15 PM 2:41

#1217



1. Name of Limited Partnership	1a. DOCUMENT # A17320
PARK AVENUE ASSOCIATES, LTD.	

Mailing Address 2295 CORPORATE BLVD. NW STE. 222 BOCA RATON FL 33431	Principal Office Address 2295 CORPORATE BLVD. NW STE. 222 BOCA RATON FL 33431	3. Date Formed or Registered 06/25/1984	5a. Capital Contributions as Shown on record. \$500.00
2. Mailing Address	2a. Principal Office Address	3a. Date of Last Report 12/20/1996	5b. Amount of Capital Contributions in FLORIDA to date:
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. State or Country of Formation FL	6. FEI Number 59-2418901
City & State	City & State	7. Certificate of Status Desired <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	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	10. If changed, new Registered Agent/Office

9. Name and Address of Current Registered Agent HERRICK, NORTON 2295 CORPORATE BLVD., N.W. SUITE 222 BOCA RATON FL 33431	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City
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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) 1731, INC.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 2295 CORP BLVD. NW #2	11b. City, State & Zip Code BOCA RATON FL	11c. Registration/ Document Number V45077
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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

VP DATE 12/9/97

Typed or Printed Name of General Partner Signing Form

1731, Inc. By Howard Herrick VP

Daytime Telephone Number

561-2419880

CR2E003 (6/97)