



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 Morham Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 96 DEC 23 PM 2:29 <i>12/27</i>	
1. Name of Limited Partnership SIGNATURE GARDENS LTD.		1a. DOCUMENT # A17405			
Mailing Address 12725 S.W. 122ND AVENUE MIAMI FL 33186		Principal Office Address 12725 S.W. 122ND AVENUE MIAMI FL 33186		3. Date Formed or Registered 07/03/1984	
2. Mailing Address		2a. Principal Office Address		5a. Capital Contributions as Shown on record \$3,200,000.00	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		3a. Date of Last Report 12/19/1995	
City & State		City & State		4. State or Country of Formation FL	
Zip		Country		5b. Amount of Capital Contributions in FLORIDA to date: 3,200,000.00	
				6. FEI Number 59-2480157 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
				7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				8. Make check payable to Dept. of State (See reverse side for fee information)	

9. Name and Address of Current Registered Agent BERLIN, JEROME C. 12725 SW 122ND AVENUE MIAMI FL 33186		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.

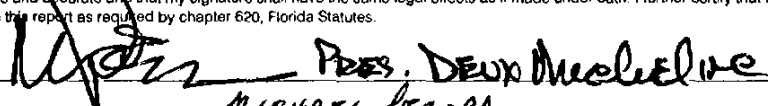
SIGNATURE (Registered Agent Accepting Appointment) _____ DATE _____

**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) DEUX MICHEL, INC.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 12725 S.W. 122ND AVEN	11b. City, State & Zip Code MIAMI FL	11c. Registration/Document Number G10998
800002041908--3 -12/31/96--01044--007 ****576.25 ****576.25			

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  **Pres. DEUX MICHEL INC** DATE **12/20/96**
Typed or Printed Name of General Partner Signing Form **MICHAEL PECORA** Daytime Telephone Number _____

CR2E003 (6/96)