

FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

72

LIMITED PARTNERSHIP
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
98 DEC -1 AM 9:58

mtm
12/2

1. Name of Limited Partnership

1a. DOCUMENT #
A18967

IBERIA APTS., LTD.



Mailing Address P.O. BOX 520682 MIAMI FL 33152-682		Principal Office Address 5870 SW 8TH ST #7 MIAMI FL 33144		3. Date Formed or Registered 01/24/1985	5a. Capital Contributions as Shown on record. \$4,950.00
2. Mailing Address Suite, Apt. #, etc.		2a. Principal Office Address Suite, Apt. #, etc.		3a. Date of Last Report 12/09/1997	
City & State		City & State		4. State or Country of Formation FL	5b. Amount of Capital Contributions in FLORIDA to date: \$8.75 Additional Fee Required
Zip	Country	Zip	Country	6. FEI Number 59-2537747 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
				7. Certificate of Status Desired <input type="checkbox"/>	
8. Make check payable to: Dept. of State (See reverse side for fee information)					

9. Name and Address of Current Registered Agent LICKSTEIN, FRED 201 ALHAMBRA CIRCLE, 12TH FLOOR CORAL GABLES FL		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)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/Document Number
I.S.L.P. CORPORATION NOV 16 1998 44# 3901	5780 S.W. 8TH STREET	MIAMI FL	K95340 600002702656--0 -12/04/98--01003--007 ****141.25 ****141.25

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 ISLP CORP. BY: _____ DATE: 11/17/98

Typed or Printed Name of General Partner Signing Form ISLP CORP. BY: JORGE L. BOLANOS Daytime Telephone Number _____

CR2E003 (8/98)