

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 NOV 18 AM 10:19



1. Name of Limited Partnership JAMBER PROPERTIES, LIMITED	1a. DOCUMENT # A20516
---	---------------------------------

Mailing Address 11120 N KENDALL DR SUITE 201 MIAMI FL 33176	Principal Office Address 11120 N KENDALL DR SUITE 201 MIAMI FL 33176	3. Date Formed or Registered 08/08/1985	5a. Capital Contributions as Shown on record. \$380,000.00
2. Mailing Address Suite, Apt. #, etc. City & State Zip Country	2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country	3a. Date of Last Report 01/04/1996	5b. Amount of Capital Contributions in FLORIDA to date
		4. State or Country of Formation FL	
		6. FEI Number 59-2568120	<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 RACHLIN, ROBERT P. 11120 N KENDALL DR SUITE 201 MIAMI FL 33176	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City 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) BERNSTEIN, ROBERT MANDEL, ALAN RACHLIN, ROBERT	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 6300 NW 77TH CT 6520 NW 77 CT. 11120 N KENDALL DR 20	11b. City, State & Zip Code MIAMI FL MIAMI FL MIAMI FL	11c. Registration/Document Number 400002018194-3 -12/03/95-01122-021 ***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

Robert P. Rachlin

DATE

11/11/96

Typed or Printed Name of General Partner Signing Form

ROBERT P. RACHLIN

Daytime Telephone Number

(305) 270-2040

CR25003 (6/96)