

FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

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| LIMITED PARTNERSHIP ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
97 DEC 29 AM 9:33

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| 1. Name of Limited Partnership RUE GRANVILLE APTS., LTD. | 1a. DOCUMENT # A21122 |
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| Mailing Address 1335 LINCOLN ROAD MIAMI BEACH FL 33139 | Principal Office Address 1335 LINCOLN ROAD MIAMI BEACH FL 33139 |
| 2. Mailing Address | 2a. Principal Office Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip Country | Zip Country |

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| 3. Date Formed or Registered 10/31/1985 | 5a. Capital Contributions as Shown on record. \$495.00 |
| 3a. Date of Last Report 01/15/1997 | 5b. Amount of Capital Contributions in FLORIDA to date |
| 4. State or Country of Formation FL | 6. FEI Number 59-2592323 |
| 7. Certificate of Status Desired | <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable |
| 8. Make check payable to: Dept. of State (See reverse side for fee information) | <input type="checkbox"/> \$8.75 Additional Fee Required |

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| 9. Name and Address of Current Registered Agent SKLAR, ISAAC 1335 LINCOLN RD. MIAMI BEACH FL 33139 |
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| 10. If changed, now 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 |
|-----------------------------------|---|-----------------------------|-----------------------------------|
| RUE GRANVILLE APTS., INC | 1335 LINCOLN ROAD | MIAMI BEACH FL | M20190 |

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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 _____ DATE 12/22/97
 Typed or Printed Name of General Partner Signing Form ISAAC SKLAR Daytime Telephone Number 305-672-8896

CP2EC03 (6/97)