

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. Martham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 JAN 12 AM 11:02



091/21

GRAND OAK LIMITED PARTNERSHIP

1. Name of Limited Partnership	1a. DOCUMENT # A21967		
GRAND OAK LIMITED PARTNERSHIP			
Mailing Address 2665 SOUTH BAYSHORE DRIVE SUITE 302 MIAMI FL 33133	Principal Office Address 2665 SOUTH BAYSHORE DRIVE SUITE 302 MIAMI FL 33133	3. Date Formed or Registered 02/04/1986	5a. Capital Contributions as Shown on record \$21,100,000.00
2. Mailing Address Suite, Apt. #, etc.	2a. Principal Office Address Suite, Apt. #, etc.	3a. Date of Last Report 01/03/1997	5b. Amount of Capital Contributions in FLORIDA to date:
City & State Zip	City & State Zip	4. State or Country of Formation FL	6. FEI Number 59-2668546
Country	Country	7. Certificate of Status Desired <input checked="" 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 MURAI, WALD, BIONDO, MATEWNS & MORENO, P. A., 900 INGRAHAM BUILDING 25 SOUTHEAST SECOND AVE. MIAMI FL 33131	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.

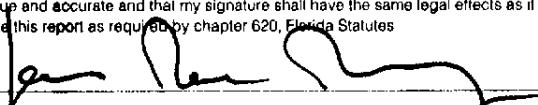
SIGNATURE (Registered Agent Accepting Appointment) _____ DATE _____

**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) VIRGINIA MANAGEMENT CORP	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 2665 S. BAYSHORE DR, S #302	11b. City, State & Zip Code MIAMI FL	11c. Registration/ Document Number P21620 000002412440--6 -01/27/98--01005--022 ****550.00 ****550.00
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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 December 30, 1997

Typed or Printed Name of General Partner Signing Form Jean-Marc Meunier Daytime Telephone Number 305-858-7749

CR2E003 (6/97)