

**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 Mortham
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

96 SEP 13 AM 10:09



1. Name of Limited Partnership	1a. DOCUMENT # A23697
SEVENTH STREET INVESTORS LTD.	

Mailing Address 5582 N.W. 79 AVE. MIAMI FL 33166	Principal Office Address 5582 N.W. 79 AVE. MIAMI FL 33166	3. Date Formed or Registered 12/02/1986	5a. Capital Contributions as Shown on record \$559,350.00
		3a. Date of Last Report 09/25/1995	5b. Amount of Capital Contributions in FLORIDA to date:
2. Mailing Address	2a. Principal Office Address	4. State or Country of Formation FL	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	6. FEI Number 59-2732007	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
City & State	City & State	7. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
Zip	Country	8. Make check payable to: Dept. of State (See reverse side for fee information)	

9. Name and Address of Current Registered Agent WAAS, MAXWELL 5582 N.W. 79TH AVE. MIAMI FL 33166	10. If changed, new Registered Agent/Office Name 8000001948478 Street Address (P.O. Box Number Is Not Accepted) 09/17/96--01013--022 Suite, Apt. #, etc. ***576.25 ***576.25 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
WAAS, MARTIN	10650 S.W. 77 CT.	MIAMI FL	CR 9-16
WAAS, MAXWELL	5720 S.W. 132 TERR.	MIAMI FL	
MALINA, JAY T.	3667 PARK LANE	MIAMI FL	
BEER, ALBERT J.	2890 ALATKA ST.	MIAMI FL	
THOMAS, PHILLIP A.	1233 ALEGRIANO AVE.	CORAL GABLES FL	
ALSOBROOK, F.L.	7720 S.W. 50 CT.	MIAMI FL	

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

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number