

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 Northam
Secretary of State
DIVISION OF CORPORATIONS

FILED

96 OCT 14 PM 1:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



1. Name of Limited Partnership GATEWAY PARTNERS #1, LTD.		1a. DOCUMENT # A24425 <i>97-AR</i> <i>cm</i>	
Mailing Address 1454 W. CYPRESS CREEK ROAD #300 FT. LAUDERDALE FL 33309		Principal Office Address 1454 W. CYPRESS CREEK ROAD #300 FT. LAUDERDALE FL 33309	
2. Mailing Address 1451		2a. Principal Office Address 1451	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip Country		Zip Country	

3. Date Formed or Registered 04/20/1987	5a. Capital Contributions as Shown on record \$2,205,000.00
3a. Date of Last Report 11/01/1995	5b. Amount of Capital Contributions in FLORIDA to date \$ 2,205,000.
4. State or Country of Formation FL	6. FEI Number 65-0062303 <input type="checkbox"/> Applied For <input checked="" 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) \$76.25

9. Name and Address of Current Registered Agent BYRON CAPITAL CORP. 1451 W. CYPRESS CREEK RD. SUITE 300 FT. LAUDERDALE FL 33309		10. If changed, new 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) BYRON CAPITAL CORP.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 1451 W. CYPRESS CREEK	11b. City, State & Zip Code FT. LAUDERDALE FL	11c. Registration/Document Number J40668
100001983171--7 -10/22/96--01139--005 ****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 on 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 _____

10/2/96

Typed or Printed Name of General Partner Signing Form _____

Daytime Telephone Number _____

CR2E003 (6/96)