



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. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED 97 DEC 15 PM 2:37 SECRETARY OF STATE 	
1. Name of Limited Partnership FLORIDA HOUSING GROUP, LTD		1a. DOCUMENT # A25343			
Mailing Address 2655 LEJEUNE RD. PH 1-D CORAL GABLES, FL 33134		Principal Office Address 5617 NW 7TH ST. MIAMI FL 33126		3. Date Formed or Registered 10/16/1987 3a. Date of Last Report 09/13/1996 4. State or Country of Formation FL 6. FEI Number 65-0038431 <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)	
2. Mailing Address 270 WOLFSON & STARKMAN Suite, Apt. #, etc. 1500 SAN REMO AVE - #125 City & State CORAL GABLES, FL Zip 33146 Country USA		2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country		5a. Capital Contributions as Shown on record. \$3,200,000.00 5b. Amount of Capital Contributions in FL ORIDA to date.	
9. Name and Address of Current Registered Agent WOLFSON, BERNARD MARK R. STARKMAN 2655 LEJEUNE RD. SUITE PH 1-D CORAL GABLES FL 33134 33146		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) <i>Mark Starkman</i> DATE 12-13-97					
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) HERNANDEZ, MAURO WOLFSON, BERNARD		11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 5617 NW. 7TH STREET 2655 LEJEUNE RD., STE 111-D 2800 SW 28TH TERR		11b. City, State & Zip Code MIAMI FL 33126 CORAL GABLES FL 33134 Miami FL 33133	
11c. Registration/Document Number 000002375280- J -12/17/97-01087--014 ****541.25 ****541.25					
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 <i>Frank Wolfson</i> DATE _____ Typed or Printed Name of General Partner Signing Form _____ Daytime Telephone Number _____					

CP2E003 (6/97)