


FILE ON OR BEFORE APRIL 8, 1998 TO AVOID
REVOCATION AND \$500 PENALTY FEE

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 MAR 23 AM 10:35

LIMITED PARTNERSHIP ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
1. Name of Limited Partnership MIAMI BEACH VINTAGE PROPERTIES, LIMITED PARTNERSHIP		1a. DOCUMENT # A26084			
Mailing Address 1601 JEFFERSON AVENUE MIAMI BEACH FL 33139		Principal Office Address 1601 JEFFERSON AVENUE MIAMI BEACH FL 33139		3. Date Formed or Registered 03/11/1988	
2. Mailing Address Suite, Apt. #, etc. City & State Zip Country		2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country		3a. Date of Last Report 03/31/1997	
				4. State or Country of Formation NJ	
				5a. Capital Contributions as Shown on record. \$340,000.00	
				5b. Amount of Capital Contributions in FLORIDA to date:	
				6. FEI Number 22-2894893 <input type="checkbox"/> Applied For <input 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)	
9. Name and Address of Current Registered Agent CARVER, MICHAEL E. 1601 JEFFERSON AVENUE MIAMI BEACH FL 33139				10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City	
				600002469816-3 -03/26/98-01104-020 ****526.25 ****526.25 FL	
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	
CARVER, MICHAEL E. KAMEL, PATRICIA POLAKOFF, STEVEN		1601 JEFFERSON AVENUE 22 KEVIN ROAD 1601 JEFFERSON AVENUE		MIAMI BEACH FL EAST BRUNSWICK NJ MIAMI BEACH FL	
				dec	

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

305 534-1424

CR2E003 (12/97)