


FILE ON OR BEFORE APRIL 7, 1999 TO AVOID
REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1999			FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
1. Name of Limited Partnership		1a. DOCUMENT # A26084		
MIAMI BEACH VINTAGE PROPERTIES, LIMITED PARTNERSHIP				
Mailing Address 1601 JEFFERSON AVENUE MIAMI BEACH FL 33139		Principal Office Address 1601 JEFFERSON AVENUE MIAMI BEACH FL 33139		
2. Mailing Address		2a. Principal Office Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State		City & State		
Zip Country		Zip Country		

FILED

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3. Date Formed or Registered 03/11/1988	5a. Capital Contributions as Shown on record \$340,000.00
3a. Date of Last Report 03/23/1998	5b. Amount of Capital Contributions in FLORIDA to date \$340,000.00
4. State or Country of Formation NJ	
6. FET 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
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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
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 4-8-99	

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