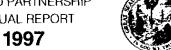
FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

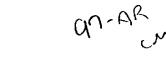
Sandra Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

DOCUMENT # **A26136**

SUNSHINE PARTNERSHIP LIMITED



FILED 96 OCT -8 PH 4: 16

SEGNETARY OF STATE TALLAHASSEE, FLORIDA



Mailing Address 9350 SOUTH DIXIE HIGI SUITE 950 MIAMI FL 33156	UTH DIXIE HIGHWAY 9350 SOUTH DIXIE HIGHWAY 60 SUITE 950			3. Date Formed or Registered 03/22/1988 3a. Date of Last Report 10/09/1995		58. Capital Contributions as Shown on record \$500,000.00		
2. Mailing Address		2a. Principal Office Address		4	4. State or Country of Formation		to date.	
Suite, Apt. #, etc.		Suite, Apt #, etc		6, FEI Number 65-0032706		Applied For Not Applicable		
City & Stale		City & State		7. Certificate of Status Desired		\$8.75 Additional fee Required		
Zip Gountry		Zip Country		8. Make check payable to Dept. of State (See reverse side for fee inform				
9.	Name and Address of Curren	it Registered Agent			10. If changed, new Register	ed Agent/Off-ce		
COMMANDER, JAMES F. 8603 S. DIXIE HIGHWAY SUITE 400 MIAMI FL 33143			Street Address (P.O. Box Nuniber's Not Acceptant 10 / 16 / 16 - 10 10 64 - 10 21					
for the purpose of	fichanging its registered office o	nd 620 192, Florida Statutes, the above name r registered agent, or both, in the State of Flo ns of section 620 192, Florida Statutes	ed limited partners rida: Such change	ship organizi e was autho	ed or registered under the laws of rized by its general partner(s). The DATE	reby accept the	ida, submite this statemi appointment of register	
SIGNATURE (Registered A	gent Accepting Appointment) PARTNER THAT	IS A CORPORATION, L	IMITED F	PARTN WITH	ERSHIP OR OTH	_:	NESS ENTIT	
SIGNATURE (Registered A	PARTNER THAT		D ACTIVE	PARTNE WITH	IERSHIP OR OTHI 1 THIS OFFICE. City State & Zip Code	_:	NESS ENTIT Registration/ Document Number	
SIGNATURE (Registered A A GENERAL 11. Name(s) of Gen	PARTNER THAT MUS	IS A CORPORATION, LET BE REGISTERED AN	D ACTIVE al Partner lox Numbers)	E WITH	1 THIS OFFICE. City State & Zip Code	ER BUSI	Registration/	
SIGNATURE (Registered A A GENERAL 11. Name(s) of Ger	PARTNER THAT MUS neral Partner(s) HOUSE OF MIAMI,	IS A CORPORATION, IST BE REGISTERED AN 11a. (DO NOT Use Post Office B	D ACTIVE al Partner lox Numbers)	E WITH 11b. MIAN	1 THIS OFFICE. City State & Zip Code	11c.	Registration/ Document Number 19630	

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 T 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 eventy 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 than a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.