

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	
1. Name of Limited Partnership		1a. DOCUMENT # A26254		
MIAMI BEACH EQUITY INVESTORS LIMITED PARTNERSHIP				
Mailing Address 1450 MERIDIAN AVENUE, SUITE 9 MIAMI BEACH FL 33139		Principal Office Address 1450 MERIDIAN AVENUE, SUITE 9 MIAMI BEACH FL 33139		3. Date Formed or Registered 04/11/1988 3a. Date of Last Report 12/26/1996 4. State or Country of Formation IL 6. FLL Number 58-1758358 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 Suite, Apt. #, etc. City & State Zip Country		2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country		5a. Capital Contributions as Shown on record \$5,625,000.00 5b. Amount of Capital Contributions in FLORIDA to date:

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
97 DEC 15 PM 12:38



9012/16

9. Name and Address of Current Registered Agent CHRISTOPH, ROBERT W 1450 MERIDIAN - SUITE 9 MIAMI BEACH FL 33139	10. If changed, new Registered Agent/Office Name 400002375114-8 -12/17/97-01075-018 Street Address (P.O. Box Number is Not Acceptable) ****437.50 ****437.50 Suite, Apt. #, etc. City FL Zip Code
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10a. Pursuant to the provisions of sections 620.1061 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) CHRISTOPH, ROBERT W	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 300 ALTON ROAD	11b. City, State & Zip Code MIAMI BEACH FL 33139	11c. Registration/ Document Number 400002375114-8 -12/17/97-01075-017 ****108.75 ****103.75
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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 11-20-97

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

CR25003 (6/97)