



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

LIMITED PARTNERSHIP ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra Mortham Secretary of State DIVISION OF CORPORATIONS	
1. Name of Limited Partnership FLORIDA REALTY INVESTORS, LIMITED PARTNERSHIP		1a. DOCUMENT # A27885		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 96 OCT -1 PM 1:54 	
Mailing Address 8 KENSINGTON STREET LIDO BEACH NY 11561		Principal Office Address 8 KENSINGTON STREET LIDO BEACH NY 11561		3. Date Formed or Registered 02/08/1989 3a. Date of Last Report 10/17/1995 4. State or Country of Formation NY	
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 \$2,500,000.00 5b. Amount of Capital Contributions in FL ORIDA to date 6. FEI Number 13-3044753 <div style="text-align: right;"> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable </div>	
				7. Certificate of Status Desired <div style="text-align: right;"> <input type="checkbox"/> \$8.75 Additional Fee Required </div>	
				8. Make check payable to: Dept. of State (See reverse side for fee information)	

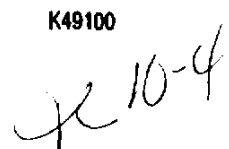
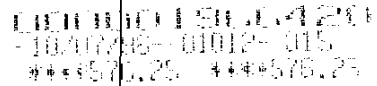
9. Name and Address of Current Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City <div style="text-align: right;"> FL Zip Code </div>
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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) ZARA MANAGEMENT CORP.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 8 KENSINGTON ST.	11b. City, State & Zip Code LIDO BEACH NY	11c. Registration/Document Number K49100 <div style="text-align: right;">   </div>
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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 *ZARA MANAGEMENT CORP., G.P.*
by Arnold J. Rabinov, Pres.
 Typed or Printed Name of General Partner Signing Form **ARNOLD J. RABINOV**

DATE **9/25/96**

Daytime Telephone Number **516-889-6461**

CR2E003 (6/96)