



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		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 98 MAR 16 AM 11:58	
1. Name of Limited Partnership <b>FLORIDA REAL ESTATE INCOME FUND, LTD.</b>		1a. DOCUMENT # <b>A29090</b>			
Mailing Address <b>9200 SOUTH DADLEAND BLVD., SUITE 609 MIAMI FL 33156</b>		Principal Office Address <b>9200 SOUTH DADLEAND BLVD., SUITE 609 MIAMI FL 33156</b>		3. Date Formed or Registered <b>10/19/1989</b>	
2. Mailing Address <b>9095 SW 87 Ave Suite, Apt. #, etc. St. 777 City &amp; State Miami FL Zip 33176 USA</b>		2a. Principal Office Address <b>9095 SW 87 Ave Suite, Apt. #, etc. Suite 777 City &amp; State Miami FL Zip 33176 USA</b>		3a. Date of Last Report <b>10/28/1996</b>	
				4. State or Country of Formation <b>FL</b>	
				5a. Capital Contributions as Shown on record. <b>\$100.00</b>	
				5b. Amount of Capital Contributions in FLORIDA to date: <b>\$8.75</b>	
				6. FEI Number <b>65-0150409</b>	
				7. Certificate of Status Desired <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
				8. Make check payable to: Dept. of State (See reverse side for fee information)	
9. Name and Address of Current Registered Agent <b>MITCHELL, JAMES R. 9095 S.W. 87TH AVENUE #777 MIAMI FL 33176</b>				10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number if Not Applicable) Suite, Apt. #, etc. City	
				<b>500002461495-5 03/19/98-01000-001 ***156.25 ***156.25 FL Zip Code</b>	
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 _____					
<b>A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b>					
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					
<b>EQUITYLINE MANAGEMENT PROFESSIONAL MANAGEMENT Equityline Financial Group, Inc. Amendment filed 3-16-98</b>		<b>9200 S. DADLEAND BLVD 9095 SW 87TH AVE., #7 9200 S. Dadeland Blvd, Suite 500</b>		<b>MIAMI FL MIAMI FL Miami, FL</b>	
<b>G02246- 511577 G82243 3-17</b>					
<b>Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.</b>					
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 <b>James R. Mitchell</b> DATE <b>12/17/97</b>					
Typed or Printed Name of General Partner Signing Form <b>James R. Mitchell</b> Daytime Telephone Number <b>305-271-5051</b>					

CR2E003 (6/97)