

FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

FILED

97 SEP 26 PM 1:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

LIMITED PARTNERSHIP
ANNUAL REPORT
1998

1. Name of Limited Partnership

1a. DOCUMENT #
A29263

WALDORF TOWERS, LTD.

48-AR
cus
CM



Mailing Address

860 OCEAN DR.
MIAMI BEACH FL 33139

Principal Office Address

860 OCEAN DR.
MIAMI BEACH FL 33139

3. Date Formed or Registered

11/22/1989

5a. Capital Contributions as Shown on record.

\$2,000,000.00

3a. Date of Last Report

11/22/1996

5b. Amount of Capital Contributions in FL ORIDA to date:

4. State or Country of Formation

FL

2. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

2a. Principal Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. FEI Number

65-0203893

Applied For
 Not Applicable

7. Certificate of Status Desired

\$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

WEIDER, NORMAN S
100 S.E. 2ND STREET
SUITE 3910
MIAMI FL 33131-2112

10. If changed, new Registered Agent/Office

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, etc.

City

FL

Zip Code

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)

LAKASTE, INC.

11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)

860 OCEAN DR.

11b. City, State & Zip Code

MIAMI BEACH FL 33139

11c. Registration/Document Number

V15370

600002310576---4
-10/02/97---01116---003
****550.00 ****550.00

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

Karl Stenstrom

DATE

9/10/97

Typed or Printed Name of General Partner Signing Form

KARL STENSTROM

Daytime Telephone Number

531-7684 (305)

CR2E003 (6/97)