

**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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

96 DEC 30 AM 10: 22



h/k 12/30/96

1. Name of Limited Partnership	1a. DOCUMENT # A30993
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ESQUIRE APARTMENTS, LTD.

Mailing Address 9525 EAST BROADVIEW DRIVE BAY HARBOR ISLANDS FL		Principal Office Address 9525 EAST BROADVIEW DRIVE BAY HARBOR ISLANDS FL		3. Date Formed or Registered 12/26/1990	5a. Capital Contributions as Shown on record \$370,478.60
				3a. Date of Last Report 03/13/1996	
2. Mailing Address		2a. Principal Office Address		4. State or Country of Formation FL	5b. Amount of Capital Contributions in FLORIDA to date:
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		6. FEI Number 65-0247649 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
				7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
8. Make check payable to Department of State (See reverse for more information) \$437.50 + 128.75					

9. Name and Address of Current Registered Agent DICKSTEIN ZENA MANES 200 S. BISCAYNE BLVD. SUITE 4000 MIAMI FL 33131	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code
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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) ESQUIRE APARTMENTS, INC. ESQUIRE HOUSE, INC.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 9525 E. BROADVIEW DR.	11b. City, State & Zip Code BAY HARBOR ISLANDS FL	11c. Registration/Document Number S20814
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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

Hyman M. Manes
ESQUIRE APARTMENTS, INC.

DATE **4/26/96**

Typed or Printed Name of General Partner Signing Form **HYMAN MANES, PRES.**

Daytime Telephone Number **305 864-7700**

CR2E003 (6/96)