, 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

DOCUMENT# 1a.

SECRETARY OF STATE DIVISION OF CORPORATIONS

97 DEC 30 PH 3: 53

	A31353			
ADAMS PROPERTY HOLDINGS	S, LTD.			
Mailing Address	Principal Office Addross		3. Date Formed or Registered	58. Capital Contributions as Shown on record
+200 O. ANDREWS AVENUE, 6TH FLOOR +T. LAUDERDALE PL 83901	-200 S. ANDREWS AVENUE, 6TH FLOOR FT. LAUDERDALE FL-88301		03/28/1991 3a. Date of Last Report 12/31/1996	\$100,000.00 5b. Amount of Capital Contributions in FLORIDA
2. Mailing Address 450 E LAS OLAS BLVD	28. Principal Office Address YSO E US OUS KIND		4. State or Country of Formation	100,000,00
Suite, Apl. #, otc. 15 FLOUR City & State FINT LANDER DAKE FL	Suite, Apt. #, etc. 1.5 FUUR City & State FUT CASUBALE FL		6. FEI Number 65-0295327	Applied For Unit Applicable
Zip Country 3330 USA		Country USA	7. Certificate of Status Desired 8. Make check payable to: Dopt. of	\$8.75 Additional fee Required State (See reverse side for fee Information)
9. Name and Address of Current	Registered Agent		10. If changed, now Registere	d Agent/Office
ROCHON, RICHARD C. 200-S. ANDREWS AVENUE, 6TH FLOOR FT. LAUDERDALE FL 33301 10a. Pursuant to the provisions of sections 620,1051 and for the purpose of changing its registered office or regent. I am familiar with, and accord the obligations	egistered agent, or both, in the State of Flor	Sulle, Apt. #, etc. 15 Ft Gity. Gity: Direct CALS	parized or registered under the laws of the	FL Zip Code 3330
A GENERAL PARTNER THAT MUST	IS A CORPORATION, L BE REGISTERED ANI	IMITED PAR	TNERSHIP OR OTHE	R BUSINESS ENTITY
11. Name(s) of General Partner(s)	11a. Address of Each General		City, State & Zip Code	11c. Registration/ Document Number
ADAMS BLDG. MGMT., INC.	200 S. ANDREWS AVE	FT	. Lauderdale fl	\$33230
			9000023	9922298
			-01/07/ ****54	3922298 73801038021 81,25 ****\$41.25
c•			-01/07/ *****54	73801038021 11.25 ****541.25

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 Troloase 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 accurant and empowered to execute this report at requi that my signature shall have the same logal offects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee regly chapter 620, Florida Statutes.

SIGNATURE .

Typed or Printed Name of General Partner Signing Form (R)\$ V BI ANNW

DATE 12/23/97

964-627-5000 Daytime Telephone Number ,