## 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 #** A32510

97 DEC 30 PM 3: 03



BANYANWOOD ASSOCIATES, LTD.				
Malling Address	Principal Office Address		3. Date Formed or Registered	<b>5a.</b> Capital Contributions as Shown on record.
1000 CLINT MOORE ROAD. #110			01/28/1992 38. Date of Last Report	\$2,000,000.00
BOCA RATON FL 33487	BOCA RATON FL 33487	BOCA RATON FL 33487		
			12/26/1996	5b. Amount of Capital Contributions in FLORIDA
			4. State or Country of Formation	to date:
2. Mailing Address	2a. Principal Office Addres	S	FL	
Sulte, Apt. #, etc.	Suite, Apt. #, etc.		6. FEI Number	Applied For
City & State	City & State		65-0311060	Not Applicable
			7. Cortificate of Status Desired	\$8.75 Additional Fee Required
Zip Country	<b>7</b> ip	Country	8. Make check payable to: Dept. of	State (See reverse side for fee information)
9. Name and Address of Current Registered Agent			10. If changed, now Registered Agent/Office	
		Name		
WOHL, MICHAEL D. 2885 S. BAYSHORE DRIVE, #20	02	Street Address (P.O. Box Number Is Not Acceptable)		
COCONUT GROVE FL 33133		Suite, Apt. #, etc.		
		City		FL Zip Code
	is 620 1051 and 620.192, Florida Statutes, the phove-			ne State of Florida, submits this statement

agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

## 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)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number			
SOUTHERN PROP. FUND,INC.	1000 CLINT MOORE RD,#	BOCA RATON FL	V09623			
		ריים ביינו וליים ביינו	mmana4			
			'3 99 204   198-01070-007   50,00  ****550,00			

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

to hereby certify that the information supplied with this filling is volunterily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutos, Frelease the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the executive that the information supplied with this filling is volunterily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutos, Frelease the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the executive that the information supplied with this filling is volunterily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutos, Frelease the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the executive information supplied with this filling is volunterily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). porations 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 annual report is true and accurate and that my signature shall have the same logal effects as if made under eath. I further certify that I am a General Partner of the limited partnership, receiver or trustee

SIGNATURE \_

Typed or Printed Name of General Partner Signing Form RICHARD FINKELSTEIN

DATE 12.26.97

Daytime Telephone Number 561-997-5760