

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  
97 DEC 23 AM 10:47



1. Name of Limited Partnership  
1a. DOCUMENT #  
A32648

MANHATTAN PALMS, LTD.

Mailing Address C/O PROFESSIONAL MANAGEMENT, INC. 9095 S.W. 87TH AVENUE, SUITE 777 MIAMI FL 33176		Principal Office Address C/O PROFESSIONAL MANAGEMENT, INC. 9095 S.W. 87TH AVENUE, SUITE 777 MIAMI FL 33176		3. Date Formed or Registered 03/04/1992	5a. Capital Contributions as Shown on record.  \$3,000.00
2. Mailing Address Suite, Apt. #, etc. City & State Zip Country		2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country		3a. Date of Last Report 10/28/1996	
				4. State or Country of Formation FL	5b. Amount of Capital Contributions in FLORIDA to date
				6. FEI Number 59-3160195	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
				7. Certificate of Status Desired <input checked="" type="checkbox"/>	\$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  MITCHELL, JAMES R. 9095 S.W. 87TH AVENUE, SUITE 777 MIAMI FL 33176	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)  PROFESSIONAL MANAGEMENT, INC	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)  9095 S.W. 87TH AVE.,#	11b. City, State & Zip Code  MIAMI FL	11c. Registration/ Document Number  511577
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600002380106  
-01/05/98--01120--002  
\*\*\*\*165.00 \*\*\*\*165.00

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

*James R. Mitchell*  
James R. Mitchell

DATE

12/17/97

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

305-271-5051

CR2E003 (6/97)