

**FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

FILED

96 DEC -2 PM 1:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED PARTNERSHIP
ANNUAL REPORT
1997



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

1. Name of Limited Partnership
MIML, LIMITED PARTNERSHIP

1a. DOCUMENT #
A33148



ff 12/5

2. Mailing Address
19551 TURNBERRY DRIVE
NORTH MIAMI BEACH FL 33180

2a. Principal Office Address
19551 TURNBERRY DRIVE
NORTH MIAMI BEACH FL 33180

Suite, Apt. #, etc.
City & State
Zip Country

3. Date Formed or Registered
07/06/1992

3a. Date of Last Report
01/24/1996

4. State or Country of Formation
FL

5a. Capital Contributions as Shown on record.
\$7,500.00

5b. Amount of Capital Contributions in FLORIDA to date:
1,500.00

6. FEI Number
65-0356791 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
RAPPAPORT, JON J.
19551 TURNBERRY WAY
N. MIAMI BCH. FL 33180

10. If changed, new Registered Agent/Office
Name: **MARSHA SOFFER**
Street Address (P.O. Box Number is Not Acceptable): **SUITE 400 2875 NE 191 ST**
Suite, Apt. #, etc.
City: **AVENTURA** FL Zip Code: **33180**

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) *Marsha Soffer* DATE 9-27-96

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
JOMAR REAL ESTATE HOLDINGS C	19551 TURNBERRY DRIVE	NORTH MIAMI BCH FL	V45925

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-12/06/95--01015--012
****191.25 ****191.25

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 *Jon J. Rappaport* DATE 11-26-96

Typed or Printed Name of General Partner Signing Form _____ Daytime Telephone Number _____

CR2E003 (6/96)