

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

97 FEB 11 PM 2:16



1. Name of Limited Partnership AMDUR INVESTMENTS, LTD.	1a. DOCUMENT # A93000000092
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Mailing Address 3511 BAYSHORE VILLA DRIVE COCONUT GROVE FL 33133	Principal Office Address 3511 BAYSHORE VILLA DRIVE COCONUT GROVE FL 33133	3. Date Formed or Registered 01/12/1993	5a. Capital Contributions as Shown on record. \$2,666,200.00
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 12/07/1995	5b. Amount of Capital Contributions in FLORIDA to date:
		4. State or Country of Formation FL	6. FEI Number 65-0398380 <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: Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent FLORIDA REGISTERED AGENTS, INC. 100 SE 2ND ST., SUITE 3600 MIAMI FL 33131-2112	10. If changed, new Registered Agent/Office Name ISABELLE AMDUR Street Address (P.O. Box Number is Not Acceptable) 401 N W 38TH COURT Suite, Apt. #, etc. 2ND FLOOR City MIAMI FL Zip Code 33126
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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 **02-06-97**

**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) AMDUR INVESTMENTS, INC.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 3511 BAYSHORE VILLA D	11b. City, State & Zip Code COCONUT GROVE FL 3313	11c. Registration/Document Number V23893
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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

DATE **02-06-97**

Typed or Printed Name of General Partner Signing Form

NEAL O. AMDUR

Daytime Telephone Number **(305) 649-3000**