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

1. Name of Limited Partnership

1a. DOCUMENT # **A93000000098** FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

96 DEC 30 PM 1: 29



KANNER CORNER, LTD.				I 1881034 TOTO TOTOL LIKER BOTH ONLIN COINT EARLY ONLIN COIND FAIRF REAL HONC I			
Mailing Address ONE TURNBERRY PLAZA 19495 BISCAYNE BLVD SUITE 600 AVENTURA FL 33180	Principal Office Address ONE TURNBERRY PLAZA 19495 BISCAYNE BLVD., SUITE 600 AVENTURA FL 33180			3. Date Formed or Registered 01/22/1993 3a. Date of Last Report 12/29/1995 4. State or Country of Formation FL		5a. Capita' Contributions as Shown on record. \$1,287,000.00 5b. Amount of Capital Contributions in FLORIDA to date	
2. Mailing Address	2a. Principal Office Address	2a. Principal Office Address					
Suite, Apt. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		FEI Number 65-0385812	1	Applied For	
City & State	City & State	City & State		Certificate of Status Desired	Not Applicable \$8.75 Additional		
Zip Country	Zip	Country		R. Make check payable to: Dept. of State (See reverse side for fee information) R. Make check payable to: Dept. of State (See reverse side for fee information)			
9. Name and Address of Curn	ent Registered Agent			10. If changed, new Registers	ed Agent/Office		
BATIEVSKY, HENRY 19495 BISCAYNE BLVD. ,SUITE 600 AVENTURA FL 33180		Name Street Address (P.O. Box Number Is Not Acceptable)					
		Suite, Apt. #, etc					
		City FL Zip Code					
	T IS A CORPORATION ST BE REGISTERED	N, LIMITED AND ACTIV	PARTNE VE WITH	ERSHIP OR OTHE THIS OFFICE.	R BUSI		
11. Name(s) of General Partnor(s) KANNER CORNER PROPERTIES, IN	19495 BISCAYNE B	Address of Each General Partner (Do NOT Use Post Office Box Numbers)		11b. City, State & Zip Code AVENTURA FL 33180		Document Number 33000003926	
•				8000020479087 -01/07/9701075001 ****576.25 ****\$76.25			
Note: General partners MAY NO 12. I do hereby certify that the information supplied wire Corporations from any liability of non-compliance this annual report is true and accurate and has my	ith this filing is voluntarily furnished and do with Section 119.07(3)(k) in the event that	pes not qualify for the information supp	e exemption state	ad in Section 119.07(3)(k), Florida exempt from public access. Hurt	a Statutes. I rele	pase the Division of the information indicated o	
empowered to execute this report as required by a SIGNATURE Typed or Printed Name of General Partner Signiffy Form	chapter 620, Florida Statutes.	-1					
Typed or Frinted Name of General Partner Signing Form	HENRY BATIEVS	Ky, V.	P.	Daytime Telephone Number 🔏	P(20£	33-9ZO	