

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

**FILED**

96 DEC 27 PM 2:33

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  
**FLORIDA CITY APARTMENTS, LTD.**

1a. DOCUMENT #  
**A93000000942**

Mailing Address C/O GREATER MIAMI NEIGHBORHOODS, INC. 1460 BRICKELL AVE., SUITE 309 MIAMI FL 33131	Principal Office Address C/O GREATER MIAMI NEIGHBORHOODS, INC. 1460 BRICKELL AVE., SUITE 309 MIAMI FL 33131
2. Mailing Address	2a. Principal Office Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

3. Date Formed or Registered <b>09/15/1993</b>	5a. Capital Contributions as Shown on record. <b>\$3,932,500.00</b>
3a. Date of Last Report <b>01/03/1996</b>	5b. Amount of Capital Contributions in FLORIDA to date: <b>\$3,932,500.00</b>
4. State or Country of Formation <b>FL</b>	
6. FEI Number <b>65-0516920</b>	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
7. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> 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

**GREATER MIAMI NEIGHBORHOODS, INC.**  
1460 BRICKELL AVE., SUITE 309  
MIAMI FL 33131

10. If changed, new Registered Agent/Office

Name  
Street Address (P.O. Box Number)  
Suite, Apt. #, etc.  
City

**3000 2052249 -- 7**  
**01/03/97 01030 000**  
**\*\*\*9384.65 \*\*\*\*585.00**  
**FL** Zip Code

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) *G. Selz* DATE 12/19/96

**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
GMN AFFORDABLE HOUSING PARTN	1460 BRICKELL AVE., S	MIAMI FL 33131	P93000032625
TACOLCY FLORIDA CITY, INC.	645 N.W. 62ND STREET,	MIAMI FL 33150	P94000017404
COVENANT COMMUNITY DEVELOPME	500 COLLEGE TERRACE	HOMESTEAD FL 33030	N93000001199

*dec* \$95.00

**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 *Agustin Dominguez, Pres.* DATE 12/23/96  
AGUSTIN DOMINGUEZ, PRESIDENT

CR2E003 (6/96)