



**FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT
TO REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP ANNUAL REPORT 1998		 <p>FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS</p>		<p>FILED SECRETARY OF STATE DIVISION OF CORPORATIONS</p> <p>97 OCT 20 PM 3: 54</p>	
1. Name of Limited Partnership ENCHANTED GROVE, LTD.		1a. DOCUMENT # A93000001229			
Mailing Address 600 TIZIANO CORAL GABLES FL 33143-2219		Principal Office Address 600 TIZIANO CORAL GABLES FL 33143-2219		3. Date Formed or Registered 11/29/1993 3a. Date of Last Report 12/23/1996 4. State or Country of Formation FL	
2. Mailing Address Suite, Apt. #, etc. City & State Zip Country		2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country		5a. Capital Contributions as Shown on record. \$490,000.00 5b. Amount of Capital Contributions in FLORIDA to date. \$8.75 Additional Fee Required	
6. FEI Number 65-0450646		<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 ROSENTHAL, ALAN 200 SOUTH BISCAYNE BLVD., 20TH FLOOR MIAMI FL 33131-2219			10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number) 000002326520--0 Suite, Apt. #, etc. -10/22/97--01036--010 City MIAMI State FL Zip Code 33131		
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) DONALGA, INC.		11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 200 SOUTH BISCAYNE BL		11b. City, State & Zip Code MIAMI FL 33131	
11c. Registration/Document Number L89999		KWM			
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 <i>Herschel Rosenthal</i> DATE 10/14/97 Typed or Printed Name of General Partner Signing Form <i>Herschel Rosenthal</i> Daytime Telephone Number 305 665-1777					

CP2E003 (6/97)