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

LIMITED PARTN. RSHIP ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra Mortham

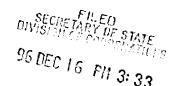
Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

SIGNATURE.

Typed or Printed Name of General Partner Si

DOCUMENT# 1a.



Daytime Telephone Number ____



	A9300001399				
ELLENTON HOUSING ASSOCIA	ATES, LTD.		1 1691014 1010 10100 11174 F6711	A BENNI BENNI BENNI BERBU TINDO MIMO ABIND ROM ROM	
			3. Date Formed or Registered	58. Capital Contributions as	
Mailing Address 2121 PONCE DE LEON BLVD., PENTHOUSE CORAL GABLES FL 33134	Principal Office Address 2121 PONCE DE LEON BLVD PENTHOUSE CORAL GABLES FL 33134		12/21/1993 3a. Date of Last Report	\$6,170,611.00	
			02/06/1996	5b. Amount of Capital Contributions in FLORIDA	
2. Mailing Address	2a. Principal Office Address		4. State or Country of Formation	*6 170, 611	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		6. FEI Number 65-0454063	Applied For Not Applicable	
City & State	City & State		7. Certificate of Status Desired		
Zip Country	Zıp	Country		\$8.75 Additional Fee Required of State (See reverse side for fee information)	
			40 ***		
9. Name and Address of Current Registered Agent FLORIDA REGISTERED AGENTS, INC. 100 S.W. 2ND STREET, SUITE 3600		10. If changed, new Registered Agent/Office Name			
		Street Address (P.O. Box Number Is Not Acceptable)			
MIAMI FL 33131-2130		Suite, Apt. #, etc.			
	Сіту		<u> </u>	FL Zip Code	
10a. Pursuant to the provisions of sections 620.1051 and for the purpose of changing its registered office or agent. I am familiar with, and accept the obligations SIGNATURE (Registered Agent Accepting Appointment)	registered agent, or both, in the State of F c of section 620 192, Florida Statutes	lorida Such char	ige was authorized by its general partner(s). I f	nereby accept the appointment of registered	
A GENERAL PARTNER THAT MUST	IS A CORPORATION, Γ BE REGISTERED AI	LIMITED ND ACTIV	PARTNERSHIP OR OTH E WITH THIS OFFICE.	IER BUSINESS ENTITY	
11. Name(s) of General Partner(s)	Address of Each Gene 11a. (Do NOT Use Post Office	eral Partner Box Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number	
CORNERSTONE ELLENTON APARTME	2121 PONCE DE LEON BL		CORAL GABLES FL 33134	A93000001398	
•				20338177 19/9601047014 *576.25 ****576.25	
Note: General partners MAY NOT	be changed on this for	m; an am	endment must be filed to c	hange a general partner.	
12. I do hereby certify that the information supplied with the Corporations from any liability of non-explainance with this annual report is true and accurate and that my king	Section 119.47(3)(k) in the event that the	information supp	ilied is deemed exempt from public access. I fo	urther certify that the information indicated on	
empowered to execute this veport as edured by chall		as ii made under	один, пъпшет сетну инд галта Селега Малле	r or one manieu parmership, receiver or truste	