


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

FILED

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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 MIRAMAR VILLAS, LTD.		1a. DOCUMENT # A94000000538	
Mailing Address c/o Shutts & Bowen 201 South Biscayne Boulevard 1500 Miami Center Miami, Florida 33131		Principal Office Address (Blank)	
2. Mailing Address Suite, Apt. #, etc. City & State Zip Country		2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country	
		3. Date Formed or Registered 4/15/94	5a. Capital Contributions as Shown on record \$235,100.00
		3a. Date of Last Report 4/9/96	5b. Amount of Capital Contributions in FLORIDA to date \$235,100.00
		4. State or Country of Formation (Blank)	6. FEI Number 65-0486051
		<input type="checkbox"/> Applied For <input checked="" 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)			

1/23

9. Name and Address of Current Registered Agent KEVIN D. COWAN 201 South Biscayne Boulevard 1600 Miami Center Miami, Florida 33131		10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not acceptable) Suite, Apt. #, etc. City State Zip Code FL	
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) MIRAMAR VILLAS, INC.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) c/o K D C 201 South Biscayne Boulevard 1500 Miami Center Miami, Florida 33131	11b. City, State & Zip Code Miami, Florida 33131	11c. Registration/Document Number P94000027301

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 By: Kevin D. Cowan President DATE 12/18/96
 Typed or Printed Name of General Partner Signing Form Kevin D. Cowan Daytime Telephone Number _____

CR2E003 (6/96)