

**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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

96 OCT 18 PM 12:39



1. Name of Limited Partnership

1a. DOCUMENT #
A94000000738

FT INVESTMENTS OF DADE COUNTY, LTD.

Mailing Address 7355 N.W. 41ST STREET MIAMI FL 33166		Principal Office Address 7355 N.W. 41ST STREET MIAMI FL 33166		3. Date Formed or Registered 06/01/1994	5a. Capital Contributions as Shown on record \$10,000,000.00
2. Mailing Address		2a. Principal Office Address		3a. Date of Last Report 02/16/1996	
Suite, Apt #, etc.		Suite, Apt #, etc.		4. State or Country of Formation FL	5b. Amount of Capital Contributions in FL (FLIDA to date)
City & State		City & State		6. FEI Number 65-0503212	
Zip		Zip		7. Certificate of Status Desired	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Country		Country		8. Make check payable to: Dept. of State (See reverse side for fee information)	<input type="checkbox"/> \$8.75 Additional Fee Required

9. Name and Address of Current Registered Agent BENNETT, JOSH N ESQ. FIRST UNION FINANCIAL CENTER 200 SOUTH BISCAYNE BLVD., SUITE 3650 MIAMI FL 33131-2394	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt #, etc. City
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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)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/Document Number
FT INVESTMENTS OF DADE COUNT	7355 N.W. 41ST STREET	MIAMI FL 33166	P94000016050

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 X Hy & Tals General Partner DATE 10/16/96
Typed or Printed Name of General Partner Signing Form _____ Daytime Telephone Number _____

CR2E003 (6/96)