FILE ON OR BEFORE APRIL 7, 1999 TO AVOID **REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP **ANNUAL REPORT** 1999



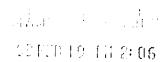
FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

1a. DOCUMENT #



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	A9400000	0738		
FT INVESTMENTS OF DADE	COUNTY, LTD.			
Mailing Address Principal Office Address		TR MALL	3. Date Formed or Registered	5a, Capital Contributions as Shown on record
7355 N.W. 41ST STREET	7355 N.W. 41ST STREET MIAMI FL 33166		06/01/1994	\$10,000,000.00 5b. Amount of Capital Contributions in FLORIDA
MIAMI FL 33166			3a. Date of Last Report 09/15/1997	
2. Mailing Address	2a. Principal Office Address		4. State or Country of Formalion	to date:
Suite, Apt. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		Applied For
City & State	City & State	City & State		Not Applicable \$8,75 Additional
Zip Country	Zip	Zip Country		Feo Required State (See reverse side for fee information)
9. Name and Address of Current	Panistered Agent		10. If changed, new Registered	\\ \frac{1}{2} \\ \fr
FIRST UNION FINANCIAL CENTER 200 SOUTH BISCAYNE BLVD., SUITE 36 MIAMI FL 33131-2394 10a. Pursuant to the provisions of sections 620.1051 and for the purpose of changing its registered office or r segent. I am familiar with, and accept the obligations SIGNATURE (Registered Agent Accepting Appointment) A GENERAL PARTNER THAT MUS	d 620.192, Florida Statutes, the above-named egistered agent, or both, in the State of Florid of section 620.192, Florida Statutes	City Miami d imited partnership org	ulthorized by its general partner(s). I heret DATE RTNERSHIP OR OTHE	by accept the appointment of registered 1/9/99
11. Name(s) of General Partner(s)	11a. Address of Each General I			11c. Registration/
FT INVESTMENTS OF DADE COUNT	7355 N.W. 41ST STREE		MIAMI FL 33166	P94000016050
			600002786096- -02/24/990109001 ****526.25 ****\$28	
Note: General partners MAY NOT				nnge a general partner.

from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempl 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, Figrida Statutes.

DATE 1/9/99 Typed or Printed Name of General Partner Signing Form Harvey S. Tolin Daytime Telephone Number (305)718-9831