

**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
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

96 DEC 19 PM 3:12 *12/24*



1. Name of Limited Partnership	1a. DOCUMENT # A94000001045
G.C.S. CAPITAL ASSOCIATES, LTD.	

Mailing Address 230 FIFTH STREET MIAMI BEACH FL 33139	Principal Office Address 230 FIFTH STREET MIAMI BEACH FL 33139
2. Mailing Address	2a. Principal Office Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

3. Date Formed or Registered 07/29/1994	5a. Capital Contributions as Shown on record \$1,000.00
3a. Date of Last Report 11/20/1995	5b. Amount of Capital Contributions in FLORIDA to date
4. State or Country of Formation FL	
6. FEI Number 65-0513186	<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 VALDES-FAULI CORPORATE SERVICES, INC. 34TH FL. ONE BISCAYNE TOWER 2 SO. BISCAYNE BLVD. MIAMI FL 33131	10. If changed, new Registered Agent/Office Name ROBINS, CRAIG Street Address (P.O. Box Number, if not Applicable) 230 FIFTH STREET Suite, Apt. #, etc. City MIAMI BEACH FL Zip Code 33139
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10a. Pursuant to the provisions of sections 620.105 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 to 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) *[Signature]* DATE **12/10/96**

**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) G.C.S. CAPITAL ASSOCIATES, I	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 230 FIFTH STREET	11b. City, State & Zip Code MIAMI BEACH FL 33139	11c. Registration/Document Number P94000058358 4000002040254--7 -12/27/96--01141--007 ****191.25 ****191.25
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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 *[Signature]* DATE **12/11/96**
Typed or Printed Name of General Partner Signing Form **Craig Robins** Daytime Telephone Number **305 531-8700**

CR2E003 (6/96)