

FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1998

FLORIDA DEPARTMENT OF STATE
 Secretary of State
 DIVISION OF CORPORATIONS

A9400001536

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

98 JUN 12 PM 3:22

1. Name of Limited Partnership

1a. DOCUMENT #
A9400001536

NEXT BOYNTON HOLDINGS, LTD.



Mailing Address: 901 PONCE DE LEON BLVD., SUITE 600, CORAL GABLES FL 33134

Principal Office Address: 901 PONCE DE LEON BLVD., SUITE 600, CORAL GABLES FL 33134

2. Mailing Address: 3850 Bird Road, 2nd Floor, Miami, Florida 33146

2a. Principal Office Address: 3850 Bird Road, 2nd Floor, Miami, Florida 33146

3. Date Formed or Registered: 11/16/1994

3a. Date of Last Report: 01/22/1997

4. State or Country of Formation: FL

6. FEI Number: 65-0533885

7. Certificate of Status Desired: \$8.75 Additional Fee Required

8. Make check payable to: Dept. of State (See reverse side for fee information)

5a. Capital Contributions as Shown on record: \$152,212.50

5b. Amount of Capital Contributions in FLORIDA to date:

Applied For: Not Applicable:

9. Name and Address of Current Registered Agent

FLAGSHIP DEVELOPMENT CORPORATION
 901 PONCE DE LEON BLVD., SUITE 600
 CORAL GABLES FL 33134

10. If changed, new Registered Agent/Office

Name: 3850 Bird Road, 2nd Floor, Miami, Florida 33146

City: FL Zip Code:

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
FLAGSHIP DEVELOPMENT CORPORA	901 PONCE DE LEON BLV	CORAL GABLES FL 33134	P93000042963
<p>700002560727--9 -06/16/98--01055--012 ***1035.00 ***1025.00</p> <p>REINSTATEMENT</p>			<p>Signature: <i>[Handwritten Signature]</i></p>

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: *[Handwritten Signature]* DATE: 6/11/98

Typed or Printed Name of General Partner Signing Form: **Manuel M. MATO** Daytime Telephone Number: 305) 445-6171

CR2E003 (6/97)