

A94000001767

FLORIDA DEPARTMENT OF REVENUE
DIVISION OF CORPORATIONS

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **A94000001767**
1. Name of Limited Partnership
NEXT COCOBAY, LTD

2. Mailing Address 3850 BIRD ROAD 2ND FLOOR MIAMI, FL 33146 USA		3. Principal Office Address 3850 BIRD ROAD 2ND FLOOR MIAMI, FL 33146 USA		4. Date Formed or Registered To Do Business in Florida 12/19/94	
				5. FEI Number #65-0539589	
				6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
				7. State or Country of Formation FL, USA	

8a. Total Contributions Shown \$2,520,000.00	FEES: 1) Filing Fee(s): Computed at a rate of \$7 per \$1,000 on amount entered in 8b, with a minimum filing fee of \$52.50 and a maximum of \$437.50, for each year due this office. 2) Supplemental Fee(s): \$88.75 for each year due this office, beginning with 1992 calendar year. 3) Penalty Fee(s): \$500 penalty fee for each year report form is delinquent. Note: If the amount entered in 8b is greater than amount entered in 8a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.
8b. Annual Report Contributions in FLORIDA \$2,520,000.00	

9. Name and Address of Current Registered Agent NEXT COCOBAY DEVELOPMENT CORPORATION 3850 BIRD ROAD, 2ND FLOOR MIAMI, FL 33146		REINSTATEMENT Name _____ Street Address (P.O. Box Number Is Not Acceptable) _____ Suite, Apt. #, etc _____ City _____ FL Zip Code _____	
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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 of 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 of General Partner(s)	Address of Each General Partner (Do NOT Use Post Office Box Numbers)	City, State and Zip Code	11a. Registration Document Number
NEXT COCOBAY Development Company, Ltd.	901 Ponce de Leon Blvd., Ste. 600	Coral Gables, FL 33134	A94000001766
900002996569--7 -09/24/89--01074--004 ***1035.00 ***1035.00			

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I, the undersigned, 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 _____ DATE _____

Typed or Printed Name of General Partner Signing Form _____ Telephone Number _____

CR2039 (12/98)