

**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  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
98 JAN -2 PM 2:24  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



1. Name of Limited Partnership  
**1a. DOCUMENT #**  
**A9500000072**

**G.B. RESIDENCES OF KEY BISCAVNE, LTD.**

Mailing Address  
**445 GRAND BAY DRIVE  
KEY BISCAVNE FL 33149**

Principal Office Address  
**445 GRAND BAY DRIVE  
KEY BISCAVNE FL 33149**

3. Date Formed or Registered  
**01/12/1995**

3a. Date of Last Report  
**10/03/1996**

4. State or Country of Formation  
**FL**

5a. Capital Contributions as Shown on record  
**\$2,450,000.00**

5b. Amount of Capital Contributions in FL ORIDA to date.

6. FEI Number  
**65-0554318**

7. Certificate of Status Desired  
 Applied For  
 Not Applicable

8. Make check payable to: Dept. of State (See reverse side for fee information)  
**\$8.75 Additional Fee Required**

2. Mailing Address  
**445 GRAND BAY DR.  
SUITE PH1  
KEY BISCAVNE, FL  
33149 USA**

2a. Principal Office Address  
**445 GRAND BAY DR.  
SUITE PH1  
KEY BISCAVNE, FL  
33149 USA**

**9. Name and Address of Current Registered Agent**

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

**10. If changed, new Registered Agent/Office**

Name  
**400002405654-7**

Street Address (P.O. Box Number Is Not Acceptable)  
**01/20/98-01155-025  
\*\*\*\*541.25 \*\*\*\*541.25**

Suite, Apt. #, etc.

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). Thereby 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
<b>MARGULIES-LOWE DEVELOPMENT C</b>	<b>2 GROVE ISLE DRIVE, P 445 GRAND BAY DR. SUITE PH1</b>	<b>COCONUT GROVE FL 33132 KEY BISCAVNE, FL 33149</b>	<b>P94000079780</b>

**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  
*Martin Z. Margulies*  
Typed or Printed Name of General Partner Signing Form: **MARTIN Z. MARGULIES**

DATE: **12/29/97**  
Daytime Telephone Number: **(305) 365-0500**

CR25003 (6/97)