FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Sandra B. Mörtham

Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

DOCUMENT# A95000000609

SECRETARY OF STATE DIVISION OF CORPORATIONS

99 JAN -5 AMII: 51

FANY SQUARE RENTAL APARTMENTS, LTD.	

TIFFANY SQUARE RENTAL APARTMENTS, LTD.					
Mailing Address	Principal Office Address 1460 BRICKELL AVENUE, SUITE 309 MIAMI FL 33131 2a. Principal Office Address		3. Date Formed or Registered	5a. Capital Contributions as Shown on record.	
1460 BRICKELL AVENUE, SUITE 309 MIAMI FL 33131			04/14/1995 3a. Date of Last Report 12/31/1997 4. State or Country of Formation FL	\$100.00 5b. Amount of Capital Contributions in FLORIDA to date:	
2. Mailing Address					
Suite, Apt. #, etc.	Suite, Apt. #, etc. City & State		6. FEI Number	Applied For	
City & State			65-0595534	☐ Not Applicable	
Zip Country	Zip Cou	intry	7. Certificate of Status Desired	\$8.75 Additional Fee Required	
<u> </u>			8. Make check payable to: Dept. of S	itate (See reverse side for fee information)	
9. Name and Address of Current Re	gistered Agent		10. If changed, new Registered	Agent/Office	
for the purpose of changing its registered office or regis agent. I am familiar with, and accept the obligations of	Street Address (P.O. B AMI FL 33131 Suite, Apt. #, etc. City Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named fimited partnership organ for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was auth agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.		thorized by its general partner(s). I hereby accept the appointment of registered		
SIGNATURE (Registered Agent Accepting Appointment)	A CORPORATION LIM	IITEN DART	MERSHID OR OTHE	P RIISINESS ENTITY	
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 Part (Do NOT Use Post Office Box Nu		City, State & Zip Code	11c. Registration/ Document Number	
GMN-TIFFANY SQUARE, INC.	1460 BRICKELL AVENUE,	МІА	MI FL 33131	P95000029137	
LITTLE HAITI-TIFFANY SQUARE,	181 N.E. 82ND STREET	MIA	MI FL 33138	P95000029040	
GREATER MIAMI NEIGHBORHOODS,	1460 BRICKELL AVENUE,	MIA	MI FL 33131	N09210	
	M 1/2	399			

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 symmetric supplied is deemed exempt from public access. 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

Typed or Printed Name of General Partner Signing Form