

FILE ON OR BEFORE APRIL 9, 1997 TO AVOID REVOCATION  
AND \$500 PENALTY FEE

FILED  
97 FEB 14 AM 11:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

LIMITED PARTNERSHIP  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

1. Name of Limited Partnership  GROSVENOR PARTNERS, LTD.	1a. DOCUMENT # A95000000830  97-AR CM
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Mailing Address 6550 NORTH FEDERAL HIGHWAY, SUITE 240 FORT LAUDERDALE FL 33308	Principal Office Address 6550 NORTH FEDERAL HIGHWAY, SUITE 240 FORT LAUDERDALE FL 33308	3. Date Formed or Registered 05/31/1995	5a. Capital Contributions as Shown on record. \$28,276,000.00
2. Mailing Address Suite, Apt. #, etc. City & State Zip Country	2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country	3a. Date of Last Report 12/20/1995	5b. Amount of Capital Contributions in FLORIDA to date: \$28,276,000.00
		4. State or Country of Formation FL	6. FEI Number 65-0389292 <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 WASSERSTROM, KEITH 515 E. LAS OLAS BLVD., SUITE 1500 FT. LAUDERDALE FL 33301	10. If changed, new Registered Agent/Office 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 (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) MAYFAIR VENTURES, G.P.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 6550 NORTH FEDERAL HI	11b. City, State & Zip Code FORT LAUDERDALE FL 33	11c. Registration/Document Number GP9600000513
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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

*Frank J. Avellino*

DATE

Typed or Printed Name of General Partner Signing Form

FRANK J. AVELLINO

Daytime Telephone Number

(954) 938-5209