

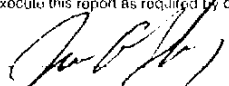
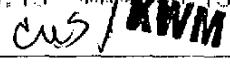
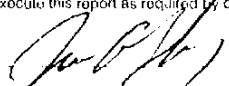


FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT
TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 97 OCT -3 AM 11:07	
1. Name of Limited Partnership		1a. DOCUMENT # A95000000833			
TRAFALGAR ASSOCIATES OF AVENTURA, LTD.					
Mailing Address 6505 BLUE LAGOON DR., STE. 250 MIAMI FL 33126-6001		Principal Office Address 6505 BLUE LAGOON DR., STE. 250 MIAMI FL 33126-6001		3. Date Formed or Registered 06/01/1995	
				3a. Date of Last Report 12/26/1996	
2. Mailing Address		2a. Principal Office Address		4. State or Country of Formation FL	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		6. FEI Number 65-0595508	
City & State		City & State		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Zip		Zip		7. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
Country		Country		8. Make check payable to: Dept. of State (See reverse side for fee information)	
9. Name and Address of Current Registered Agent CACICEDO, RAMON R JR.,ESQ 6505 BLUE LAGOON DR., STE. 240 MIAMI FL 33126-6001				10. If changed, new Registered Agent/Office	
				Name	
				Street Address (P.O. Box Number Is Not Acceptable)	
				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). 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					
TRAFALGAR ASSOCIATES OF AVEN		275 FONTAINEBLEAU BLV		MIAMI FL 33172	
P95000036678					
					
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		Typed or Printed Name of General Partner Signing Form		DATE	
		JOSE A. GONZALEZ, VP.		OCT - 2 1997	
				Daytime Telephone Number 305-2052213710	

CR2E003 (6/97)