

FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

96 DEC 26 PM 4:01

LIMITED PARTNERSHIP ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra Mortham Secretary of State DIVISION OF CORPORATIONS
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1. Name of Limited Partnership SHERIDAN 300, LTD.	1a. DOCUMENT # A95000000945
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Mailing Address 275 FONTAINEBLEAU BLVD., STE. 200 MIAMI FL 33172-4574	Principal Office Address 275 FONTAINEBLEAU BLVD., STE. 200 MIAMI FL 33172-4574	3. Date Formed or Registered 06/22/1995	5a. Capital Contributions as Shown on record \$100.00
2. Mailing Address 6505 Blue Lagoon Drive Suite, Apt. #, etc. Suite 250 City & State Miami, Florida Zip Country 33126-6001	2a. Principal Office Address 6505 Blue Lagoon Drive Suite, Apt. #, etc. Suite 250 City & State Miami, Florida Zip Country 33126-6001	3a. Date of Last Report 12/18/1995	5b. Amount of Capital Contributions in FLORIDA to date: 100.00
		4. State or Country of Formation FL	
		6. FEI Number 65-0618370	<input type="checkbox"/> Applied For <input checked="" 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 CACICEDO, RAMON R JR.,ESQ 275 FONTAINEBLEAU BLVD., STE. 195 MIAMI FL 33172-4574	10. If changed, new Registered Agent/Office Name Cacicedo, Ramon R., Jr., Esq. Street Address (P.O. Box Number Is Not Acceptable) 6505 Blue Lagoon Drive Suite, Apt. #, etc. Suite 240 City Miami Zip Code FL 33126-6001
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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 **12-10-96**

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) SHERIDAN 300, INC.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 275 FONTAINEBLEAU BLV	11b. City, State & Zip Code MIAMI FL 33172	11c. Registration/Document Number P94000041021
400002040904--7 -12/30/96--01030--017 *****52.50 *****52.50 400002040904--7 -12/30/96--01030--018 ****138.75 ****138.75 KWM			

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 _____ DATE **12/9/96**
Jose Antero Gonzalez
Typed or Printed Name of General Partner Signing Form _____ Daytime Telephone Number **305-265-1771**

CR2E003 (6/96)