

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

550

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 DEC 31 AM 10:28

1114

1. Name of Limited Partnership	1a. DOCUMENT # A95000001534
--------------------------------	---------------------------------------

PARK VIEW ESTATES, LTD.



Mailing Address 2121 PONCE DE LEON BLVD., SUITE 650 CORAL GABLES FL 33134	Principal Office Address 2121 PONCE DE LEON BLVD., SUITE 650 CORAL GABLES FL 33134
2. Mailing Address	2a. Principal Office Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

3. Date Formed or Registered 10/12/1995	5a. Capital Contributions as Shown on record \$4,117,121.00
3a. Date of Last Report 03/07/1997	5b. Amount of Capital Contributions in FLORIDA to date:
4. State or Country of Formation FL 200002403422--3 -01/16/98--01083--004	
6. FEI Number 65-0651758	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. Certificate of Status Desired	<input checked="" 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 WOLFE, LEON J ESQ. C/O BERMAN, WOLFE & RENNERT, P.A. 100 SOUTHEAST SECOND STREET, 35TH FLOOR MIAMI FL 33131-2130	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
CORNERSTONE PARK VIEW LTD.	2121 PONCE DE LEON BL	CORAL GABLES FL 33134	A95000001533
TACOLCY PARK VIEW, INC.	645 N.W. 62ND STREET,	MIAMI FL 33150	P98000000534

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 Stuart I. Meyers DATE 12-23-97
 Typed or Printed Name of General Partner Signing Form Stuart I. Meyers Daytime Telephone Number 305-443-8288

CP2E003 (6/97)