



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

<b>LIMITED PARTNERSHIP ANNUAL REPORT 1997</b>		 <b>FLORIDA DEPARTMENT OF STATE Sandra Mortham Secretary of State DIVISION OF CORPORATIONS</b>		<b>FILED SECRETARY OF STATE DIVISION OF CORPORATIONS</b>  96 DEC 19 PM 12:18  	
<b>1. Name of Limited Partnership</b>  4305 NW 97TH LTD.		<b>1a. DOCUMENT #</b> <b>A95000001539</b>			
<b>Mailing Address</b> 7134 ABBOTT AVE. MIAMI BEACH FL 33141		<b>Principal Office Address</b> 4305 NW 97TH AVE. MIAMI FL 33178		<b>3. Date Formed or Registered</b> 10/12/1995	
				<b>5a. Capital Contributions as Shown on record</b>  \$100.00	
				<b>3a. Date of Last Report</b> 01/02/1996	
				<b>5b. Amount of Capital Contributions in FLORIDA to date:</b>	
<b>2. Mailing Address</b>		<b>2a. Principal Office Address</b>		<b>4. State or Country of Formation</b> FL	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		<b>6. FEI Number</b> <b>APPLIED FOR 65-0633731</b> <input type="checkbox"/> Applied For Not Applicable	
City & State		City & State		<b>7. Certificate of Status Desired</b> <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip Country		Zip Country		<b>8. Make check payable to: Dept. of State (See reverse side for fee information)</b>	

<b>9. Name and Address of Current Registered Agent</b>  SALAZAR, JOSE 7134 ABBOTT AVENUE MIAMI BEACH FL 33141		<b>10. If changed, new Registered Agent/Office</b>	
		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.**

<b>11. Name(s) of General Partner(s)</b>  4305 NW 97TH INC.	<b>11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)</b>  7134 ABBOTT AVENUE	<b>11b. City, State &amp; Zip Code</b>  MIAMI BEACH FL 33141	<b>11c. Registration/Document Number</b>  P95000078448
<b>5000002041235--4</b> <b>-12/30/96--01051--017</b> <b>****191.25 ****191.25</b>			

**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 Jose Salazar DATE 11.6.96  
Typed or Printed Name of General Partner Signing Form Jose Salazar Daytime Telephone Number 305-866-3131

CR2E003 (6/96)