

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 DEC 26 PM 1:21



1. Name of Limited Partnership	1a. DOCUMENT # A95000002018
FLORIDA RESORT MANAGEMENT, LTD.	

Mailing Address 100 N. BISCAYNE BLVD., 21ST FL MIAMI FL 33132	Principal Office Address 100 N. BISCAYNE BLVD., 21ST FL MIAMI FL 33132	3. Date Formed or Registered 12/22/1995	5a. Capital Contributions as Shown on record \$9,000,000.00
2. Mailing Address	2a. Principal Office Address	3a. Date of Last Report 12/23/1996	5b. Amount of Capital Contributions in FLORIDA to date: \$9,000,000.00
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. State or Country of Formation FL	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
City & State	City & State	6. FEI Number 65-0649560	
Zip	Country	Zip	Country
		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 MILLER, REBECCA M % BAUR, MILLER & WEBNER, P.A. 100 N. BISCAYNE BLVD., 21ST FL MIAMI FL 33132	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 620.105.1 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
FLORIDA RESORT, INC.	100 NORTH BISCAYNE BL	MIAMI FL 33132	P95000096194

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****541.25 ****541.25

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 *K. Krause*

DATE 12/24/97

Katja Krause, Vice President of

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number (305) 377-3561

CR2E003 (6/97)