

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
Andra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

A95000002102

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 JUN 15 PM 1:50



1. Name of Limited Partnership

1a. DOCUMENT #
A95000002102

NEXT COCO BAY COMPANY, LTD.

Mailing Address	Principal Office Address	3. Date Formed or Registered	5a. Capital Contributions as Shown on record.
901 PONCE DE LEON BLVD. STE. 600 CORAL GABLES FL 33134	901 PONCE DE LEON BLVD. STE. 600 CORAL GABLES FL 33134	12/28/1995	\$1,500.00
2. Mailing Address	2a. Principal Office Address	3a. Date of Last Report	5b. Amount of Capital Contributions in FLORIDA to date.
3850 Bird Road 2nd Floor Miami, Florida 33146	Suite 3850 Bird Road 2nd Floor Miami, Florida 33146	01/22/1997	
Zip	Country	4. State or Country of Formation	
		FL	
		6. FEI Number	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
		65-0638703	
		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	10. If changed, new Registered Agent/Office
FLAGSHIP DEVELOPMENT CORPORATION 901 PONCE DE LEON BLVD. STE. 600 CORAL GABLES FL 33134	Name Street 3850 Bird Road 2nd Floor Miami, Florida 33146 Suite 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
FLAGSHIP DEVELOPMENT CORPORA	901 PONCE DE LEON BLV	CORAL GABLES FL 33134	P93000042963
400002566794--6 -06/19/98--01125--009 ****650.00 ****650.00			
REINSTATEMENT			
6-15 CUS			

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

Typed or Printed Name of General Partner Signing Form

E. Daniel Lopez

Daytime Telephone Number

6/12/98
305) 445-6171

CR2E003 (6/97)