

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

LIMITED PARTNERSHIP
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 JAN -9 PM 3: 22



1. Name of Limited Partnership
GABLES GRAND, LTD.

1a. DOCUMENT #
A96000000302

Mailing Address TWO ALHAMBRA PLAZA, PH-2 CORAL GABLES FL 33134		Principal Office Address TWO ALHAMBRA PLAZA, PH-2 CORAL GABLES FL 33134		3. Date Formed or Registered 02/14/1996	5a. Capital Contributions as Shown on record \$1,000.00
2. Mailing Address		2a. Principal Office Address		3a. Date of Last Report	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. State or Country of Formation FL	5b. Amount of Capital Contributions in FLORIDA to date.
City & State		City & State		6. FE# Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
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

~~WOLFE, LEON J ESQ.~~
~~C/O BERMAN WOLFE & RENNERT, P.A.~~
~~100 S.E. 2ND ST., 35TH FL, NATIONSBANK TWR.~~
~~MIAMI FL 33131-2130~~

10. If changed, new Registered Agent/Office

Name: **HENRY BEFELER**
Street Address (P.O. Box Number Is Not Acceptable): **2 ALHAMBRA PLAZA**
Suite, Apt #, etc.: **PH-2**
City: **CORAL GABLES** FL Zip Code: **33134**

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 **12/30/96**

**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)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number
CODINA GABLES GRAND, INC.	TWO ALHAMBRA PLAZA, P	CORAL GABLES FL 33134	P96000013063

FF \$ 191.25
Oct-10
300002056983-3
-01/14/97--01099--001
***3076.25 ***191.25

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 _____ DATE **12/30/96**
Typed or Printed Name of General Partner Signing Form: **Henry Befeler** Daytime Telephone Number: **305-520-2300**

CR2E003 (6/96)