

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

FILED

97 DEC 19 PM 2:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED PARTNERSHIP ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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1. Name of Limited Partnership WAIKIKI COLORADO, LTD.	1a. DOCUMENT # A96000000338
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9/12/97

Mailing Address 18425 N.W. 2ND AVENUE MIAMI FL 33169	Principal Office Address 18425 N.W. 2ND AVENUE MIAMI FL 33169	3. Date Formed or Registered 02/19/1996	5a. Capital Contributions as Shown on record. \$500,000.00
2. Mailing Address		3a. Date of Last Report 01/31/1997	
2a. Principal Office Address		4. State or Country of Formation FL	
Suite, Apt. #, etc.		6. FEI Number 65-0660376	
City & State		7. Certificate of Status Desired <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Zip Country		8. Make check payable to: Dept. of State (See reverse side for fee information)	

9. Name and Address of Current Registered Agent A Z REGISTERED AGENT CORPORATION 2601 S. BAYSHORE DRIVE, SUITE 1600 MIAMI FL 33133
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10. If changed, now Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. 700002385227--3 -12/30/97--01005--014 City ****550.00 FL ****350.00

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
WAIKIKI TRUSTS, INC.	18425 N.W. 2ND AVENUE	MIAMI FL 33169	P93000057217

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 *Sandra B. Mortham* DATE *9/12/97*

Typed or Printed Name of General Partner Signing Form _____ Daytime Telephone Number _____

CR2E003 (6/97)