

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

1. Name of Limited Partnership	1a. DOCUMENT # A9600000812
NEW ARENA SQUARE NORTH & SOUTH, LTD.	



Mailing Address C/O SALOMON YUKEN 750 COLLINS AVENUE, SUITE #1 MIAMI BEACH FL 33139	Principal Office Address C/O SALOMON YUKEN 750 COLLINS AVENUE, SUITE #1 MIAMI BEACH FL 33139	3. Date Formed or Registered 04/29/1996	5a. Capital Contributions as Shown on record. \$100.00
2. Mailing Address	2a. Principal Office Address	3a. Date of Last Report 11/21/1996	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. State or Country of Formation FL	5b. Amount of Capital Contributions in FLORIDA to date: <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable \$7,500,000
City & State	City & State	6. FEI Number 65-0673627	7. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
Zip Country	Zip Country	8. Make check payable to: Dept. of State (See reverse side for fee information)	

9. Name and Address of Current Registered Agent YUKEN, SALOMON 750 COLLINS AVE., APT. #1 MIAMI BEACH FL 33139	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City
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FILED
DEC 31 1997
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10a. Pursuant to the provisions of sections 620.105(1) and 620.192, Florida Statutes, the above-named limited partnership organization 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) NEW ARENA SQUARE CORPORATION	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 750 COLLINS AVE., APT	11b. City, State & Zip Code MIAMI BEACH FL 33139	11c. Registration/Document Number P96000036875
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-01/05/98--01120--039
***550.00 ***550.00

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 **12/30/97**

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

CR2E003 (6/97)