

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

LIMITED PARTNERSHIP ANNUAL REPORT 1998		 <p>FLORIDA DEPARTMENT OF STATE Sandra B. McRham Secretary of State DIVISION OF CORPORATIONS</p>		<p>FILED SECRETARY OF STATE DIVISION OF CORPORATIONS</p> <p>98 APR 20 AM 11:26</p> 	
1. Name of Limited Partnership ARMITAGE ASSOCIATES LIMITED PARTNERSHIP NO. 2		1a. DOCUMENT # A96000000817			
Mailing Address 520 BRICKELL KEY DRIVE, SUITE 0-305 MIAMI FL 33131		Principal Office Address 520 BRICKELL KEY DRIVE, SUITE 0-305 MIAMI FL 33131		3. Date Formed or Registered 04/30/1996 3a. Date of Last Report 03/17/1997 4. State or Country of Formation FL	
2. Mailing Address Suite, Apt. #, etc. City & State Zip Country		2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country		5a. Capital Contributions as Shown on record. \$900,000.00 5b. Amount of Capital Contributions in FLORIDA to date: 6. FEI Number 65-0734522 <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable 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 HABER, ROBERT M 520 BRICKELL KEY DRIVE, SUITE 0-305 MIAMI FL 33131	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Applicable) Suite, Apt. #, etc. City State Zip Code
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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) ARMITAGE PROPERTIES, INC.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 520 BRICKELL KEY DRIV	11b. City, State & Zip Code MIAMI FL 33131	11c. Registration/Document Number P94000057318
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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 Royal R. Fausion ROYAL R. FAUSION DATE 12-28-97
 Typed or Printed Name of General Partner Signing Form Pres ARMITAGE PROPERTIES INC Telephone Number 305 534 8162

CR2E003 (6/97)