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

LIMITED PARTNERSHIP **ANNUAL REPORT**



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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED SECRETARY OF STATE DIVISION OF COSDORATIONS

98 JAN - 2 AM 9: 57 with



1. Name of Limited Partnership	1a. DOCUMENT # A9600001225		(\$60.00) 400 600 600 600 600 600 600 600 600 600		
AUDERHILL POINTE, LTD.					
Mailing Address 1111 KANE CONCOURSE. SUITE 401 BAY HARBOR ISLAND FL 33154	KANE CONCOURSE. SUITE 401 1111 KANE CONCOURSE. SUITE 401		3. Date Formed or Registered 06/28/1996 38. Date of Last Report	5a. Capital Contributions as Shown on record.	
2. Malling Address	2a. Principal Office Address		04/17/1997 4. State or Country of Formation FL	5b. Amount of Capital Contributions in FLORIDA to date:	
Suite, Apt. #, etc. City & State	Suite, Apt. #, etc. City & State		6. FEI Number 65-0685697	Applied For Not Applicable	
Zip Country	Zip Country		7. Certificate of Status Desired 8. Make check payable to: Dept. of	\$8.75 Additional Fee Required State (See reverse side for fee Information)	
9, Name and Address of Curr	ent Registered Agent	T	10. If changed, new Registere	d Agent/Office	
		Street Address (P.O. Box Number is Not Acceptance) 1/21/98-01070-005 Suite, Apt. #, etc. ####541.25 ####541.25 City Zip Code amed limited partnership organized or registered under the laws of the State of Florida, submits this statemer. Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered.			
SIGNATURE (Registered Agent Accepting Appointment) A GENERAL PARTNER THA		MITED	DATE DATE		
MU	ST BE REGISTERED AN	D ACTIV	E WITH THIS OFFICE.	IN BUSINESS ENTITY	
11. Name(s) of General Partner(s)	Address of Each General Partner (Do NOT Use Post Office Box Numbers)		11b. City, State & Zip Code	11c. Registration/ Document Number	
HEATHER LEIGH CORP. ANOUCHKA INVESTMENTS V, INC.	1111 KANE CONCOURSE, 19931 N.E. 36 PLACE		BAY HARBOR ISLAND FL AVENTURA FL 33180	P95000047585 P95000012805	
			endment must be filed to cha		

Corplications from any liability of non-compliance with Section 115 (7)(3)(3) 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 for this capture of the limited partnership. Fiorida Statutes.

SIGNATURE ___

Typed or Printed Name of General Partner Signing Form MAURICE E6021

DATE 12-27-97

Daytime Telephone Number 305 - 871-/995