

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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
97 JAN 21 PM 3:44  
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LIMITED PARTNERSHIP ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sanford Mortimer Secretary of State DIVISION OF CORPORATIONS	
1. Name of Limited Partnership <b>1997</b>		1a. DOCUMENT # <b>A96000001673</b>	
VANDERBILT INVESTORS, LTD.			

Mailing Address 363 Granello, Ave. Coral Gables, FL 33146		Principal Office Address 363 Granello Ave. Coral Gables, FL 33146		3. Date Formed or Registered 9/4/96	5a. Capital Contributions as Shown on record. \$10,000.00
2. Mailing Address		2a. Principal Office Address		3a. Date of Last Report n/a	5b. Amount of Capital Contributions in FLORIDA to date. \$10,000.00
Suite, Apt #, etc.		Suite, Apt. #, etc.		4. State or Country of Formation FL	
City & State		City & State		6. FEI Number 65-0705001	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
Zip		Zip		7. Certificate of Status Desired <input type="checkbox"/> \$0.75 Additional Fee Required	
Country		Country		8. Make check payable to: Dept. of State (See reverse side for fee information)	

BK 1/21/97

9. Name and Address of Current Registered Agent Norman S. Weider, Esq. 100 S.E. 2nd Street Suite 3910 Miami, FL 33131	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City FL 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)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number
GULFSIDE VENDERBILT, INC.	363 Granello Ave.	Coral Gables, FL 33146	P96000071861

**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

Jan. 17, 1996  
305-442-4600

Typed or Printed Name of General Partner Signing Form

JACKSON WARD, PRESIDENT

Daytime Telephone Number

CR2E003 (6/96)