## FILE ON OR BEFORE APRIL 9, 1997 TO AVOID REVOCATION **AND \$500 PENALTY FEE**

## LIMITED PARTNERSHIP **ANNUAL REPORT** 1997

BRICKELL WEST APARTMENTS, LTD.

empowered to execute this report as required by chapter 620, Florida Statutes.

Typed or Printed Name of General Partner Signing Form By: George Befeler, President

SIGNATURE \*



FLORIDA DEPARTMENT OF STATE

Sandra Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

1. Name of Limited Partnership

**DOCUMENT #** A96000001734

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

97 APR 10 PH 3: 46



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Mailing Address  MUSEUM TOWER  150 WEST FLAGLER STREET, SUITE 2701  MIAMI FL 33130  MIAMI FL 33130  Principal Office Address  MUSEUM TOWER  150 WEST FLAGLER STR  MIAMI FL 33130		IITE 2701	3. Date Formed or Registered 09/19/1996 38. Date of East Report	5a. Capital Contributions as Shown on record.
			4. State or Country of Formation	5b. Amount of Capital Contributions in FLORIDA to date:
2. Mailing Address 100 S.E. 2ND STREET 37TH	28. Principal Office Address 100 S.E. 2ND STREET 37TH FLO			\$10,000.00
Suite, Apt. #, etc. FLOOR MIAMI, FLORIDA City & State	MIAMI, FIORIDA	Suite, Apt. #, etc. MIAMI, FLORIDA  City & State		Applied For Not Applicable
33131 Zip Country	33131 Zip	33131		\$8.75 Additional Fee Required
			8. Make check payable to: Dept. of	f State (See reverse side for tee information)
9. Name and Address of Current Registered Agent			10. If changed, new Registered Agent/Office	
BEFELER, GEORGE MUSEUM TOWER 150 WEST FLAGLER STREET, SUITE-2701 MIAMI-FL-33130		Name GEORGE BEHELER Street Address (P.O. Box Number is Not Acceptable) 100 S.E. 2ND STREET - 37TH FLOOR		
		Suite, Apt. #, etc.		
		CHYIAMI, FLORIDA		Zip Code
10a. Pursuant to the provisions of sections 620.105 the purpose of changing its registered office or I am familiar with, and accept the obligations or	registered agent, or both, in the State of Florida.	d limited partnershi	p organized or registered under the laws of th	accept the appointment of registered agent.
SIGNATURE (Registered Agent Accepting Appointment			DATE	
A GENERAL PARTNER THA	AT IS A CORPORATION, I JST BE REGISTERED AN	LIMITED P	ARTNERSHIP OR OTHE WITH THIS OFFICE.	R BUSINESS ENTITY
11. Name(s) of General Partner(s)	11a. Address of Each General (Do NOT Use Post Office B	al Partner ox Numbers) 1	1b. City, State & Zip Code	11c. Registration/ Document Number
BRICKELL WEST APARTMENTS, IN	150 WEST FLAGLER ST	RE-	MIAMI FL <del>83130</del>	P98000078008
	100 SE ZHZ S	£.	33131	
	Ste 3700			
			500 <u>0</u> 02	21449159 6/9701049010
Note: General partners MAY N	OT be changed on this form	n; an amen	dment must be filed to ch	ange 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

Brickell West Apartments

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

03/27/97

(305) 379-8300

Gral Partner