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

LIMITED PARTNERSHIP **ANNUAL REPORT** 1997

Typed or Printed Name of General Partner Signing Form ...



FLORIDA DEPARTMENT OF STATE

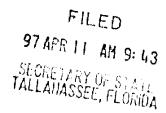
Sandra Mortham

Secretary of State **DIVISION OF CORPORATIONS**

1. Name of Limited Partnership

DOCUMENT #

1a.



	49600001802						
RENDOP REAL ESTATE, LTD.			~				
Mailing Address P.O. BOX 640692 MIAMI FL 33164	Principal Office Address 16050 N.E. 9TH PLACE N. MIAMI BEACH FL 33162		09/30	3. Date Formed or Registered 5a. Capital Contribution Shown on record.		ontributions as n record.	
2. Mailing Address 2a, Principal Office Address			4. State or Country of Formation		5b. Amount of Capital Contributions in FLORIDA to date:		-
	<u> </u>	FL		#0	·O		
Suite, Apt. #, etc. City & State	Suite, Apt. #, etc. City & State	(,	6. FEI Number 650699649 Applied For Not Applicable				
			7. Certificate of Status Desired \$8.75 Additional Fee Required				
Zip Country	Zip	8. Make ch	8. Make check payable to: Dept. of State (See reverse side for fee information)				
9. Name and Address of Current Registered Agent		10. If changed, new Registered Agent/Office					
RUTECKI, MARK C ESQ. INTERNATIONAL PLACE 100 SOUTHEAST 2ND STREET, SUITE 3350 MIAMI FL 33131		Name					
		Street Address (P.O. Box Number is Not Acceptable) 21470543 Sulte, Apt. #, etc04/17/9701117010					
							-
		City Zip Code				(##1 66.00	-
10a. Pursuant to the provisions of sections 620.1051 and 6 the purpose of changing its registered office or registe I am familiar with, and accept the obligations of section SIGNATURE (Registered Agent Accepting Appointment)	ared agent, or both, in the State of Florida.	d fimited partne Such change w	rship organized or register as authorized by its gener	red under the laws of th al partner(s). I hereby a	accept the appointm	submits this statement in the statement of registered agent	for t.
A GENERAL PARTNER THAT I	S A CORPORATION, L	IMITED	PARTNERSH			ESS ENTITY	7
MUST	BE REGISTERED AN	D ACTIV	<u>'E WITH THIS</u>	OFFICE.			_
11, Name(s) of General Partner(s)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)		11b. City, Sta	te & Zip Code	11c.	Registration/ Document Number	- @
BODNER, PHILIP F	2158 NORTHEAST 168TH		MIAMI FL 33162		A 9600000 1802		CRZE003 (11/96)
PEART, BARBARA E	7001 WEST 18TH STRET		FT. LAUDERD	ALE PL 331			CR2EO
Note: General partners MAY NOT	be changed on this form	ı; an amı	endment must	be filed to ch	ange a gen	eral partner.	
12. I do hereby certify that the Information supplied with this Corporations from any liability of non-compliance with S annual report is true and accurate and that my signature	ection 119.07(3)(k) in the event that the inf	ormation suppl	ed is deemed exempt from	n public access. I furthe	or certify that the Inf	formation indicated on t	his

Daytime Telephone Number