

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

LIMITED PARTNERSHIP
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 DEC 22 PM 2:28



12/30

1. Name of Limited Partnership 330 NW 71ST ST, LTD.		1a. DOCUMENT # A96000001947	
Mailing Address 419 WEST 49TH STREET, #106 HIALEAH FL 33012-3602		Principal Office Address 419 WEST 49TH STREET, #106 HIALEAH FL 33012-3602	
2. Mailing Address Suite, Apt. #, etc. City & State Zip Country		2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country	
3. Date Formed or Registered 10/16/1996		5a. Capital Contributions as Shown on record. \$760,000.00	
3a. Date of Last Report 12/16/1996		5b. Amount of Capital Contributions in FLORIDA to date: 760 000	
4. State or Country of Formation FL		6. FEI Number 65-0704458 <input type="checkbox"/> Applied For <input 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 330 NW 71ST ST, L.C. 419 WEST 49TH STREET, #106 HIALEAH FL 33012-3602	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) 330 NW 71ST ST, L.C.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 419 WEST 49TH STREET,	11b. City, State & Zip Code HIALEAH FL 33012	11c. Registration/Document Number L96000001102
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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 _____

DATE _____

Typed or Printed Name of General Partner Signing Form _____

Daytime Telephone Number _____

CR2E003 (6/97)