

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

LIMITED PARTNERSHIP
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED

96 DEC 16 AM 11:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

727711

1. Name of Limited Partnership	1a. DOCUMENT # A96000001953
6145 NW 7TH AVE, LTD,	

Mailing Address	Principal Office Address
419 WEST 49TH STREET #106 HIALAHH, FL 33012-3602	SAME
2. Mailing Address	2a. Principal Office Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

3. Date Formed or Registered 10/16/96	5a. Capital Contributions as Shown on record 760,000
3a. Date of Last Report —	5b. Amount of Capital Contributions in FLORIDA to date 760,000
4. State or Country of Formation FL	
6. FEI Number 65-0704589	<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

6145 NW 7TH AVE, L.C.
419 WEST 49TH STREET #106
HIALAHH, 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

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 familiar with and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE of the 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 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
6145 NW 7TH AVE, L.C.	419 W 49TH ST #106	HIALAHH, FL 33012-3602	L96000001100
		800002035498--3 -12/20/96--01105--001 ***5762.50 ****576.25	

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 BY James Q. Fisher A MANAGER DATE 12/12/96

Typed or Printed Name of General Partner Signing Form: JAMES Q. FISHER Daytime Telephone Number: 305-757-1930

CR2E003 (6/96)