


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 <b>Sandra Mortham</b> Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 96 DEC 26 AM 10:58  800002012198--6 -11/07/96--01072--002 ***2361.25 ****576.25	
1. Name of Limited Partnership  Elizabeth Southside Limited		1a. DOCUMENT # <b>A96-2152</b>			
Mailing Address 1020 Hardee Road Coral Gables, FL 33146		Principal Office Address 1020 Hardee Road Coral Gables, FL 33146		3. Date Formed or Registered 11/6/96	
2. Mailing Address		2a. Principal Office Address		5a. Capital Contributions as Shown on record. \$1,323,854	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		3a. Date of Last Report N/A	
City & State		City & State		4. State or Country of Formation Florida	
Zip Country		Zip Country		5b. Amount of Capital Contributions in FLORIDA to date: \$1,323,854	
				6. FEI Number <input checked="" 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 James P. Hines, Esq. Hines & Associates, P.A. 315 S. Hyde Park Avenue Tampa, FL 33606				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. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.  SIGNATURE (Registered Agent Accepting Appointment) <i>James P. Hines</i> DATE <b>12-2-96</b>					
<b>A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b>					
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	
Elizabeth Morrison Muraro, as Trustee of the Elizabeth Morrison Muraro Revocable Trust u/a/d June 25, 1996		1020 Hardee Road		Coral Gables, FL 33146	
				11c. Registration/ Document Number N/A  <i>OR 12-26</i>	
<b>Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.</b>					
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 <i>Elizabeth Morrison Muraro</i>		DATE <b>11/2/96</b>		305-661-8292	
Typed or Printed Name of General Partner Signing Form Elizabeth Morrison Muraro, as Trustee of the Elizabeth Morrison Muraro Revocable Trust u/a/d June 25, 1996		Daytime Telephone Number			

CR2E003 (6/96)