

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

LIMITED PARTNERSHIP ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS		FILED 97 JAN 17 PM 3:21 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
1. Name of Limited Partnership 6625 MIAMI LAKES DRIVE PARTNERS, LTD.		1a. DOCUMENT # A96000002263 AN-AR CUS CM			
Mailing Address 150 SE 2ND AVE. # 300 MIAMI, FL 33131		Principal Office Address		3. Date Formed or Registered 12-11-96	
2. Mailing Address		2a. Principal Office Address		3a. Date of Last Report	
Suite, Apt. # etc.		Suite, Apt. #, etc.		4. State or Country of Formation FL	
City & State		City & State		6. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Zip		Country		7. Certificate of Status Desired <input checked="" 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 RONALD G. BAKER 4675 PONCE DE LEON BLVD #301 CORAL GABLES, FL 33146		10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is not acceptable) Suite, Apt. #, etc. City	
		888002066018--1 -01/23/97--01051--011 ****585.00 ****585.00 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) _____ 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) CWS CAPITAL MANAGEMENT II, INC	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 150 SE 2ND AVE SUITE 300 MIAMI, FL 33131	11b. City, State & Zip Code	11c. Registration/ Document Number P 9600007 2952
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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 *David F Cox, Jr.* DATE **12-20-96**
Typed or Printed Name of General Partner Signing Form **DAVID F COX, JR.** Daytime Telephone Number **305-661-3852**

CR2E003 (6/96)