

LIMITED PARTNERSHIP  
ANNUAL REPORT  
1997

ORIGIN: DEPARTMENT OF STATE  
Sandra McNamee  
Director, Office of the Secretary  
DIVISION OF CORPORATIONS

97 FEB 24 PM 3: 00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. Name of Limited Partnership		1a. DOCUMENT # A96000002365		SECRETARY OF STATE TALLAHASSEE, FLORIDA	
COLLINS & 194th ASSOCIATES, LTD.					
Mailing Address		Principal Office Address		3. Date Formed or Registered	
2828 Coral Way, PH Suite Miami, Florida 33145				12/18/96	
				3a. Date of Last Report	
				4. State or Country of Formation	
				Florida	
2. Mailing Address		2a. Principal Office Address		5a. Capital Contributions as Shown on record.	
same as above		same as above		\$100.00	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5b. Amount of Capital Contributions in FLORIDA to date:	
City & State		City & State		\$100.00	
Zip		Zip		6. FEI Number	
Country		Country		65-0717154	
				7. Certificate of Status Desired	
				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	
Angel Hernandez 2828 Coral Way, PH Suite Miami, Florida 33145	Name	
	Street Address (P.O. Box Number is Not Acceptable)	
	Suite, Apt. #, etc.	
	City	Zip Code FL

**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 \_\_\_\_\_

1/2/97

**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)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number
TRG Beach One, Inc.	2828 Coral Way, PH	Miami, Florida 33145	<del>A96000002965-</del> P96000102035  600002099876--5 -02/27/97--01056--001 *****200.00 *****200.00  <i>dec (cys)</i>

**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.

TRG Beach One, Inc., General Partner

SIGNATURE

By:

DATE \_\_\_\_\_

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

CR2E, (6/96)