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

LIMITED PARTNERSHIP ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

DOCUMENT# A97000000048

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

98 JAN 23 PM 4: 29



FISH APARTMENTS LTD.							
		·			T. C.		
Mailing Address	Principal Office Address	Principal Office Address		3. Date Formed or Registered	5a. Capital Contributions as Shown on record.		
1791 S.E. 10TH STREET	1791 S.E. 10TH STREET FORT LAUDERDALE FL 33316			12/27/1996	\$590,000.00		
FORT LAUDERDALE FL 33316			i	38. Date of Last Report		#0901000100	
				02/12/1997	5b. Amou	nt of Capital outions in FLORIDA	
2. Mailing Address	28. Principal Office Address			4. State or Country of Formation	to date: 590,000		
Suite, Apt. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		6. FEI Number	<u></u>		
City & State	City & State		-	65-0716889	Applied For Not Applicable		
	ony o oraco	on, d state		7. Certificate of Status Desired		\$8.75 Additional	
Zip Country	Zip	Zip Country		8. Make check payable to: Dept. of	Fee Required of State (See reverse side for fee information		
9. Name and Address of C	urrent Registered Agent			10. If changed, new Registered	Agent/Office		
FISH APARTMENTS, INC.		Name Streel Address (P.O. Box Number Is Not Acceptable)					
							1791-S.E. 10TH STREET FORT LAUDERDALE FL 33316
		City		Zip Code			
agent. I am familiar with, and accept the oblig SIGNATURE (Registered Agent Accepting Appointme A GENERAL PARTNER TH	nt) . AT IS A CORPORATION.	LIMITED	PART	DATEDATE			
11, Name(s) of General Partnor(s)	UST BE REGISTERED AI 11a. (Do NOT Use Post Office		VE WIT	City, State & Zip Code	11c.	Registration/	
	(Do NOT Use Post Office	Box Numbers)	III.	City, State & Zip Code	IIC.	Document Number	
FISH APARTMENTS, INC.	1791 S.E. 10TH STREET		FORT LAUDERDALE FL 33		P96000104038		
				100002- -02/03, ****54	4195 /93010 01.25)	5116 033008 0***541.25	
Note: General partners MAY N 12. Jo hereby certify that the information supplied							
Corporations from any liability of non-complianc this annual report is true and accurate and that to empowered to execute this report as required by	o with Section 119.07(3)(k) in the event that the my signature shall have the same legal effects a y chapter 620, Florida Statutes	information supp	lied is deem	ed exempt from public access. I furthe r certify that I am a General Partner of	r certify that the the limited partr	information indicated on tership, receiver or truster	
signature <u>Ellon M.</u> F	18/28x			DATE	2/14/97		
Typed or Printed Name of General Pariner Signing Form	Ellen M. Fisher	Ellen M. Fisher			DATE 12/14/97 Destine Telephone Number 954.523.8824		