


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

FILED

56 FEB 24 202:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED PARTNERSHIP ANNUAL REPORT 1998			FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
1. Name of Limited Partnership		1a. DOCUMENT # A97000000506	
BEACHES-PEMBROKE PINES LIMITED PARTNERSHIP			



Mailing Address 1401 C/O JAMES K. GRIFFIN, JR. EAST BROWARD BLVD., SUITE 302 FT. LAUDERDALE FL 33301		Principal Office Address 1401 C/O JAMES K. GRIFFIN, JR. EAST BROWARD BLVD., SUITE 302 FT. LAUDERDALE FL 33301		3. Date Formed or Registered 02/27/1997	5a. Capital Contributions as Shown on record. \$100.00
2. Mailing Address MARK PORATH		2a. Principal Office Address C/O JAMES GRIFFIN		3a. Date of Last Report	5b. Amount of Capital Contributions in FLORIDA to date:
Suite, Apt. #, etc. 16830 VENTURA BLVD., #352		Suite, Apt. #, etc. 1401 E. BROWARD BLVD., #302		4. State or Country of Formation FL	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
City & State ENCINO, CA		City & State FT. LAUDERDALE, FL.		6. FEI Number 95-4620681	
Zip 91436		Zip 33301		7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Country USA		Country USA		8. Make check payable to: Dept. of State (See reverse side for fee information)	

9. Name and Address of Current Registered Agent 1401 GRIFFIN, JAMES K JR. Victoria Park Center EAST BROWARD BLVD., SUITE 302 FT. LAUDERDALE FL 33301	10. If changed, new Registered Agent/Office Name GRIFFIN, JAMES Street Address (P.O. Box Number Is Not Acceptable) VICTORIA PARK CENTER Suite, Apt. #, etc. 1401 E. BROWARD BLVD., STE. 302 City FT. LAUDERDALE Zip Code FL 33301
--	--

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) BEACHES-PEMBROKE PINES GP, L	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) ONE EAST BROWARD BLVD	11b. City, State & Zip Code FT. LAUDERDALE FL 333	11c. Registration/ Document Number L97000000242
600002439776--6 -02/24/98--01093--037 ****156.25 ****156.25 dec			

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 correct, 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

SEE ATTACHED SIGNATURE BLOCK

DATE

12/15/97

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

818/385-0005

CR2E003 (6/97)

LIMITED PARTNERSHIP
ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Moartham
Secretary of State
DIVISION OF CORPORATIONS

BEACHES-PEMBROKE PINES LIMITED PARTNERSHIP,
a Florida limited partnership

By: MS/SEP #2 GP, L.C.
a Florida limited liability company
General Partner

By: Hearthstone Advisors, Inc.
a California corporation
Manager

By: _____

[Handwritten signature]
Its: svp

50 FEB 24 PM 12:00
SECRET
TALLAHASSEE FLORIDA

FILED