


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

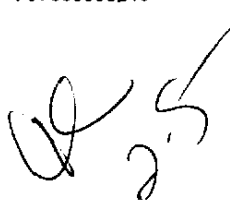
LIMITED PARTNERSHIP ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
1. Name of Limited Partnership 200 OCEAN DRIVE, LTD.		1a. DOCUMENT # A97000001033	
Mailing Address 1320 SOUTH DIXIE HWY., SUITE 781 CORAL GABLES FL 33146		Principal Office Address 1320 SOUTH DIXIE HWY., SUITE 781 CORAL GABLES FL 33146	
2. Mailing Address		2a. Principal Office Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip Country		Zip Country	
		3. Date Formed or Registered 05/08/1997	
		3a. Date of Last Report	
		4. State or Country of Formation FL	
		5a. Capital Contributions as Shown on record. 900,000	
		5b. Amount of Capital Contributions in FLORIDA to date: *900,000.00	
		6. FEI Number 656768500 <input type="checkbox"/> Applied For <input checked="" 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)			

FILED

98 JAN 15 PM 4:30

SECRETARY OF STATE



9. Name and Address of Current Registered Agent BROWN, GARY L ESQ. 20803 BISCAYNE BLVD., SUITE 200 AVENTURA FL 33180		10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City	
		000002426130-7 -02/10/98--01014--020 ****541.25 FL ****541.25	
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)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/Document Number
200 OCEAN DRIVE G.P., INC.	1320 SOUTH DIXIE HWY.	CORAL GABLES FL 33146	P97000003215
			

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

DATE

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

Scott Greenwald

12/23/97
(305) 667-2225

CR2E003 (6/97)