


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

FILED

98 FEB 18 PM 1:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>LIMITED PARTNERSHIP ANNUAL REPORT 1998</b>		 <b>FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS</b>	
<b>1. Name of Limited Partnership</b>		<b>1a. DOCUMENT # A97000001173</b>	
<b>ADRIAN HOME COMMUNITIES AT EAGLE COVE, LTD.</b>			
<b>Mailing Address</b> % ADRIAN HOME COMMUNITIES AT EAGLE COVE. I 2460 SW 137TH AVE., SUITE 238 MIAMI FL 33175		<b>Principal Office Address</b> % ADRIAN HOME COMMUNITIES AT EAGLE COVE. I 2460 SW 137TH AVE., SUITE 238 MIAMI FL 33175	
<b>2. Mailing Address</b>		<b>2a. Principal Office Address</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip Country		Zip Country	



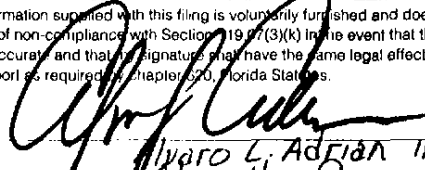
<b>3. Date Formed or Registered</b> 05/28/1997	<b>5a. Capital Contributions as Shown on record.</b> \$9,000.00
<b>3a. Date of Last Report</b>	<b>5b. Amount of Capital Contributions in FLORIDA to date:</b> \$ 700,000.00
<b>4. State or Country of Formation</b> FL	<b>6. FEI Number</b> <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
<b>7. Certificate of Status Desired</b> <input type="checkbox"/> \$8.75 Additional Fee Required	<b>8. Make check payable to: Dept. of State (See reverse side for fee information)</b>

<b>9. Name and Address of Current Registered Agent</b>		<b>10. If changed, new Registered Agent/Office</b>	
ALAYON, RICHARD ALAN ESQ. 2450 SW 137TH AVE., SUITE 226 MIAMI FL 33175		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code	
<b>10a.</b> 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.**

<b>11. Name(s) of General Partner(s)</b>	<b>11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)</b>	<b>11b. City, State &amp; Zip Code</b>	<b>11c. Registration/ Document Number</b>
ADRIAN HOME COMMUNITIES AT E	2460 SW 137TH AVE., S	MIAMI FL 33175	P97000031345
437.50 103.75 dec			

**Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.**

<b>12.</b> 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  Ivano L. Adrian in behalf of: Adrian Home Communities @ Eagle	DATE 12/29/97 Daytime Telephone Number (305) 221-1515

CR2E003 (6/97)