

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

LIMITED PARTNERSHIP ANNUAL REPORT 1998	 Sandra B. Bartholomew Secretary of State DIVISION OF CORPORATIONS
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FILED
98 JAN 12 PM 3: 53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Name of Limited Partnership	1a. DOCUMENT # A97000002862
1550 BISCAYNE ASSOCIATES, LTD. <i>48-AR CM</i>	

Mailing Address Principal Office Address		3. Date Formed or Registered 12/26/97	5a. Capital Contributions as Shown on record \$50,000.00
		3a. Date of Last Report N/A	5b. Amount of Capital Contributions in FLORIDA to date: \$50,000.00
		4. State or Country of Formation Florida	
2. Mailing Address 248 Washington Avenue Suite, Apt. #, etc.	2a. Principal Office Address Same Suite, Apt. #, etc.	6. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
City & State Miami Beach, FL	City & State	7. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
Zip 33139	Zip Country	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
Michael H. Male 3250 Mary Street, Suite 303 Miami, FL 33133	Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City
	600002409346--4 -01/22/98--01111--008 ****453.75 FL Zip Code

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
1550 Biscayne Corp.	248 Washington Ave.	Miami Beach, FL 33139	P97000104165

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 By: *Robert Curran*
Robert Curran, President
Typed or Printed Name of General Partner Signing Form

DATE *Jan 8, 1998*
Daytime Telephone Number (305) 532-9296

CR2E003 (6/97)