

FILE ON OR BEFORE APRIL 7, 1999 TO AVOID
REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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FILED
MAR 26 PM 5:00

SECRETARY OF STATE



1. Name of Limited Partnership MIAMI AVENUE ASSOCIATES, LTD.	1a. DOCUMENT # A98000002190
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Mailing Address 230 FIFTH STREET MIAMI BEACH FL 33139	Principal Office Address 1399 S.W. FIRST AVENUE, SUITE 301 MIAMI FL 33130
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3. Date Formed or Registered 09/18/1998	5a. Capital Contributions as Shown on record \$1,000.00
3a. Date of Last Report	

2. Mailing Address Suite, Apt. #, etc. City & State Zip Country	2a. Principal Office Address 230 Fifth Street Suite, Apt. #, etc. Miami Beach, FL Zip Country 33139
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4. State or Country of Formation FL	5b. Amount of Capital Contributions in FL ORIDA to date
6. FEI Number 65-0868953	
<input checked="" type="checkbox"/> Applied For <input 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)	

9. Name and Address of Current Registered Agent EBIN, LINDA 1399 S.W. FIRST AVENUE, SUITE 301 MIAMI FL 33130	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code
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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) MIAMI AVENUE ASSOCIATES, INC	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 230 FIFTH STREET	11b. City, State & Zip Code MIAMI BEACH FL 33139	11c. Registration/Document Number P98000081056
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T.J.C. MAR 26 1999

Note: General partner(s) 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 **2/15/99**
 Typed or Printed Name of General Partner Signing Form **Miami Avenue Assoc. Inc** Daytime Telephone Number **305-531-8700**

CR2E003 (12/98)