


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	
1. Name of Limited Partnership MIAMI AVENUE ASSOCIATES, LTD.		1a. DOCUMENT # A98000002190	
Mailing Address 230 FIFTH STREET MIAMI BEACH FL 33139		Principal Office Address 1399 S.W. FIRST AVENUE, SUITE 301 MIAMI FL 33130	
2. Mailing Address		2a. Principal Office Address	
Suite, Apt. #, etc.		230 Fifth Street	
City & State		Miami Beach, FL	
Zip Country		33139	
		3. Date Formed or Registered 09/18/1998	
		3a. Date of Last Report	
		5a. Capital Contributions as Shown on record \$1,000.00	
		5b. Amount of Capital Contributions in FLORIDA to date	
		4. State or Country of Formation FL	
		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		10. If changed, new Registered Agent/Office	
EBIN, LINDA 1399 S.W. FIRST AVENUE, SUITE 301 MIAMI FL 33130		Name	
		Street Address (P.O. Box Number Is Not Acceptable)	
		Suite, Apt. #, etc.	
		City	
		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)	
MIAMI AVENUE ASSOCIATES, INC		230 FIFTH STREET	
		11b. City, State & Zip Code	
		MIAMI BEACH FL 33139	
		11c. Registration/Document Number	
		P98000081056	
Note: General partner 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 _____ Miami Avenue Assoc. Inc., General Partner			
Typed or Printed Name of General Partner Signing Form _____ President			
Daytime Telephone Number _____ 305-531-8700			

FILED

MAR 26 PM 5:00

SECRETARY OF STATE



CR2E003 (12/98)