

FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 JUN -9 PM 4:14

B93000000291

1997

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

1a. DOCUMENT #
B93000000291

MIF REALTY L.P., LTD.



Mailing Address C/O TWO BENT TREE TOWER 16479 DALLAS PARKWAY, SUITE 400 DALLAS TX 75248		Principal Office Address 1209 ORANGE STREET WILMINGTON DE 19801		3. Date Formed or Registered 07/14/1993	5a. Capital Contributions as Shown on record. 6,502,275.00
2. Mailing Address		2a. Principal Office Address		3a. Date of Last Report 12/01/1995	5b. Amount of Capital Contributions in FLORIDA to date: 1,133,275.00
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. State or Country of Formation DE	
City & State		City & State		6. FEI Number 75-2460636 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Zip		Country		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 C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City 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 submit 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) MIF GEN-PAR L.P.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) C/O 16479 DALLAS PARK	11b. City, State & Zip Code DALLAS TX 75248	11c. Registration/ Document Number B93000000290
4000002209374-0 -06/11/97-01112-029 ***1076.25 ***1076.25			
REINSTATEMENT <u>97</u> <u>kw</u> <u>over-payment</u> <u>35.00</u>			

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

Ray J. Schuller

Asst Treasurer

DATE

12/30/92

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

CR2E003 (6/96)