

FILE ON OR BEFORE APRIL 9, 1997 TO AVOID REVOCATION
AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 APR 28 PM 12:47



4-28

1. Name of Limited Partnership OBR LIMITED, L.P.		1a. DOCUMENT # B93000000456	
Mailing Address 4833 COLLINS AVENUE MIAMI BEACH FL 33140	Principal Office Address 4833 COLLINS AVENUE MIAMI BEACH FL 33140	3. Date Formed or Registered 10/25/1993	5a. Capital Contributions as Shown on record \$10,602,000.00
2. Mailing Address	2a. Principal Office Address	3b. Date of Last Report 01/19/1996	5b. Amount of Capital Contributions in FLORIDA to date:
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. State or Country of Formation DE	
City & State	City & State	6. FE# Number 65-0443290	<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 info)	

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 700002172217--1 Street Address (P.O. Box Number is Not Allowed) 05/08/97--01152--003 ***103.75 ***103.75 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 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) 700002172217--1 -05/08/97--01152--004 ***437.50 ***437.50	

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) OBR MANAGEMENT, L.C.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 4833 COLLINS AVENUE	11b. City, State & Zip Code MIAMI BEACH FL 33140	11c. Registration/Document Number L93000000365
		New Fees	KWM

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 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 600, Florida Statutes.

SIGNATURE

DATE

4/24/97

Typed or Printed Name of General Partner Signing Form

Jean Jacques Murray

Daytime Telephone Number

(305) 535-2714