

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

FILED

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REGISTRAR OF STATE
CORPORATIONS

LIMITED PARTNERSHIP ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra Mortham Secretary of State DIVISION OF CORPORATIONS
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1. Name of Limited Partnership	1a. DOCUMENT # B95000000042
SOMERSET VILLAGE LIMITED PARTNERSHIP	



Mailing Address 6262 BIRD ROAD, SUITE 3-I MIAMI FL 33155	Principal Office Address 6262 BIRD ROAD, SUITE 3-I MIAMI FL 33155	3. Date Formed or Registered 02/08/1995	5a. Capital Contributions as Shown on record. \$100.00
2. Mailing Address	2a. Principal Office Address	3a. Date of Last Report 11/07/1995	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. FEI Number APPLIED FOR 65-0624645	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip Country	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 ZULUETA, IGNACIO G 6262 BIRD ROAD, SUITE 3-I MIAMI FL 33155	10. If changed, new Registered Agent/Office
	Name
	Street Address (P.O. Box Number Is Not Acceptable)
	Suite, Apt. #, etc.
	City
	FL Zip Code

check 1/21/97

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) EXCEL DEVELOPMENT CORPORATIO	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 6262 BIRD ROAD, SUITE	11b. City, State & Zip Code MIAMI FL 33155	11c. Registration/Document Number K65519
100002066951--U -01/24/97--01008--018 ****191.25 ****191.25			

CR2E003 (6/96)

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 *Alina J. Orriols* DATE *1/26/96*
 Typed or Printed Name of General Partner Signing Form **ALINA J. ORRIOLS,** Daytime Telephone Number **305-442-2800**
TREASURER