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Mar 02 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P40064 (8)
 1. Corporation Name
COMMUNITY DEVELOPMENT PROPERTIES MIAMI, INC.



Principal Place of Business	Mailing Address
51 EAST 42ND ST STE 300 NEW YORK NY 10017 US	51 EAST 42ND ST STE 300 NEW YORK NY 10017 US

3. Date Incorporated or Qualified	08/14/1992
4. FEI Number	13-3688552
Applied For	Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 Sulte, Apt. #, etc.	26 Sulte, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Country
24	25
29	30

5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STAFF, GEROGE M.
1153 SECOND AVENUE SOUTH
TERRA VERDE FL 33715

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation 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 the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVENPORT, ROBERT	1.2 NAME	
STREET ADDRESS	5 EAST 22ND ST., #27F	1.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANG, BARRY	2.2 NAME	
STREET ADDRESS	10350 WILSHIRE BLVD	2.3 STREET ADDRESS	5980 E. Terra Grande
CITY-ST-ZIP	LOS ANGELES CA	2.4 CITY-ST-ZIP	TUCSON, AZ 85750
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STAFF, GEORGE M.	3.2 NAME	
STREET ADDRESS	1153 2ND AVE. SOUTH	3.3 STREET ADDRESS	
CITY-ST-ZIP	TERRA VERDE FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARSH, DANIEL, III	4.2 NAME	
STREET ADDRESS	3921 ALBEMARLE ST., N.W.	4.3 STREET ADDRESS	8 CEDAR ST.
CITY-ST-ZIP	MASHPEE MA	4.4 CITY-ST-ZIP	MASHPEE, MA 02649
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BREGON, NELSON R.	5.2 NAME	
STREET ADDRESS	3921 ALBEMARLE STREET NW	5.3 STREET ADDRESS	
CITY-ST-ZIP	WASHINGTON DC	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Robert W. Davenport* 2/20/98 (212)682-1106

CR2E037 (10/97)