

**FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP
WILL BE SUBJECT TO 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 MAR 10 PM 1:43

1. Name of Limited Partnership Villas In The Grove Associates, LTD.		1a. DOCUMENT # AP4000001297	
2. Mailing Address 1680 Meridian Avenue Suite 204 Miami Beach, FL 33139 2814 Coconut Avenue		2a. Principal Office Address 1680 Meridian Avenue Suite 204 Miami Beach, FL 33139 2814 Coconut Avenue	
3. Date Formed or Registered 9-22-94		5a. Capital Contributions as Shown on record. 100.00	
3a. Date of Last Report 8/28/96		5b. Amount of Capital Contributions in FLORIDA to date: 100.00	
4. State or Country of Formation FL		6. FE# Number 65-0640997 <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
7. Certificate of Status Desired <input checked="" 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 Luis, Mike A 1680 Meridian Avenue, Suite 204 Miami Beach, FL 33139		10. If changed, new Registered Agent/Office FF #191.25 Name Luis, Mike A Bus 8.75 Street Address (P.O. Box Number Is Not Acceptable) 2814 Coconut Ave. Suite, Apt. #, etc. City Coconut Grove FL Zip Code 33133	
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 **3-6-97**

**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) Luis Development & Construction, Inc.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 2814 Coconut Ave	11b. City, State & Zip Code Coconut Grove, FL 33133	11c. Registration/Document Number S79593
600002112106--0 -03/13/97--01009--007 ***200.00 ***200.00			

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 _____ DATE **3-6-97**

Typed or Printed Name of General Partner Signing Form **Mike A. Luis, Pres of GP** Daytime Telephone Number **305-446-1929**

CR2E003 (6/96)