



FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT
TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 98 MAR -3 AM 10:03	
1. Name of Limited Partnership GABLES GRAND, LTD.		1a. DOCUMENT # A96000000302			
Mailing Address TWO ALHAMBRA PLAZA, PH-2 CORAL GABLES FL 33134		Principal Office Address TWO ALHAMBRA PLAZA, PH-2 CORAL GABLES FL 33134		3. Date Formed or Registered 02/14/1996	
2. Mailing Address		2a. Principal Office Address		3a. Date of Last Report 01/09/1997	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. State or Country of Formation FL	
City & State		City & State		5a. Capital Contributions as Shown on record. \$1,000.00	
Zip		Country		5b. Amount of Capital Contributions in FLORIDA to date.	
6. FEI Number APPLIED FOR		7. Certificate of Status Desired		8. Make check payable to: Dept. of State (See reverse side for fee information)	
9. Name and Address of Current Registered Agent BEFELER, HENRY 2 ALHAMBRA PLAZA, PH-2 CORAL GABLES FL 33134		10. If changed, new Registered Agent/Office			
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.		11. Name(s) of General Partner(s) CODINA GABLES GRAND, INC.			
11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) TWO ALHAMBRA PLAZA, P		11b. City, State & Zip Code CORAL GABLES FL 33134		11c. Registration/Document Number P96000013063	
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.		9000002456839--7 -03/13/98--01073--023 ****156.25 ****156.25			
SIGNATURE		DATE 10-3-97			
Typed or Printed Name of General Partner Signing Form		Daytime Telephone Number 305/500-2317			

CR2E003 (6/97)