

FILE ON OR BEFORE APRIL 7, 1999 TO AVOID  
REVOCATION AND \$500 PENALTY FEE

<b>LIMITED PARTNERSHIP ANNUAL REPORT 1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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FILED  
MAR 26 PM 5:00

SECRETARY OF STATE



<b>1. Name of Limited Partnership</b>  <b>MIAMI AVENUE ASSOCIATES, LTD.</b>	<b>1a. DOCUMENT #</b> <b>A98000002190</b>
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<b>Mailing Address</b> 230 FIFTH STREET MIAMI BEACH FL 33139	<b>Principal Office Address</b> 1399 S.W. FIRST AVENUE, SUITE 301 MIAMI FL 33130
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<b>3. Date Formed or Registered</b> 09/18/1998	<b>5a. Capital Contributions as Shown on record</b> <b>\$1,000.00</b>
<b>3a. Date of Last Report</b>	<b>5b. Amount of Capital Contributions in FLORIDA to date</b>

<b>2. Mailing Address</b> Suite, Apt. #, etc. City & State Zip Country	<b>2a. Principal Office Address</b> 230 Fifth Street Suite, Apt. #, etc. Miami Beach, FL Zip Country 33139
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<b>4. State or Country of Formation</b> FL	<b>6. FEI Number</b> 65-0868953
<b>7. Certificate of Status Desired</b>	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable <b>\$8.75 Additional Fee Required</b>
<b>8. Make check payable to: Dept. of State (See reverse side for fee information)</b>	

<b>9. Name and Address of Current Registered Agent</b> EBIN, LINDA 1399 S.W. FIRST AVENUE, SUITE 301 MIAMI FL 33130	<b>10. If changed, new Registered Agent/Office</b> Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code
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**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.**

<b>11. Name(s) of General Partner(s)</b> MIAMI AVENUE ASSOCIATES, INC	<b>11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)</b> 230 FIFTH STREET	<b>11b. City, State &amp; Zip Code</b> MIAMI BEACH FL 33139	<b>11c. Registration/Document Number</b> P98000081056
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**T.J.C. MAR 26 1999**

**Note: General partner(s) 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 2/15/99  
 Miami Avenue Assoc. Inc., General Partner  
 President  
 Typed or Printed Name of General Partner Signing Form Miami Avenue Assoc. Inc Daytime Telephone Number 305-531-8700

CR2E003 (12/98)