

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

**FILED**

97 JAN 17 PM 12:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

LIMITED PARTNERSHIP  
ANNUAL REPORT  
**1997**



FLORIDA DEPARTMENT OF STATE  
**Sandra Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

1a. DOCUMENT #  
**A02476**

**LAKEHAVEN APARTMENT ASSOCIATES, LTD.**



*JK 1/23*

Mailing Address

~~RR1 BOX 600~~  
~~FAIRFAX VT 05454~~

Principal Office Address

RR1 BOX 600  
FAIRFAX VT 05454

3. Date Formed or Registered

09/28/1973

5a. Capital Contributions as Shown on record.

**\$34,606.25**

3a. Date of Last Report

01/02/1996

5b. Amount of Capital Contributions in FLORIDA to date:

**\$34,606.25**

4. State or Country of Formation

FL

6. FEI Number

59-1507053

Applied For  
 Not Applicable

7. Certificate of Status Desired

**\$8.75 Additional Fee Required**

8. Make check payable to: Dept. of State (See reverse side for fee information)

2. Mailing Address

**JACK UMHOLTS**

Suite, Apt. #, etc.

**FEDHAVEN APTS #500**

City & State

**FEDHAVEN CIRCLE**

Zip

Country

**FEDHAVEN, FL 33854**

2a. Principal Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

9. Name and Address of Current Registered Agent

**JACK UMHOLTS  
FEDHAVEN APARTMENTS, #500A  
FEDHAVEN CIRCLE  
FEDHAVEN FL**

10. If changed, new Registered Agent/Office

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, etc.

City

**FL**

Zip Code

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)

**ANDREWS, ROBERT M  
RUBIN, MARK TRUSTEE  
DOOLEY, RICHARD  
DI GIOVANNA, CHARLES**

11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)

**5032 BRANDYWIND WAY  
777 ARTHUR GODFREY RO  
207 LAKE STREET  
64 W. BROTHER DRIVE**

11b. City, State & Zip Code

**STUART FL 34997  
MIAMI BEACH FL 33140  
EVANSTON IL 60201  
GREENWICH CT 06830**

11c. Registration/Document Number

**900002067079-1  
-01/24/97--01015--007  
\*\*\*\*380.99 \*\*\*\*380.99**

**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 for 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 complete 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 **12/16/96**

Typed or Printed Name of General Partner Signing Form

**MARK RUBIN, TRUSTEE**

Daytime Telephone Number **305-538-4314**

CR2E003 (6/96)