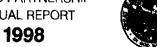
FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMÍTED PÄRTNERSHIP ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

1a. DOCUMENT # **A06523**

FILED SECRETARY OF STATE OVERSION OF CORPORATIONS

98 FEB 13 PM 1:48

	A06523						
VILLAGE OAKS ASSOCIATES,	LTD.			1 10 5 1011 1011 5 0110 6110. 6111			
Malling Address	Principal Office Address			3. Date Formed or Registered 58. C		I. Capital Contributions as Shown on record.	
P. O. BOX 5152	P. O. BOX 5152 HIALEAH FL 33014			05/18/1978		\$0.00	
HIALEAH FL 33014				3a. Date of Last Report			
			}-	06/04/1997 4. State or Country of Formation	5b. Amount of Capital Contributions in FLORIDA to date:		
2. Mailing Address	2a. Principal Office Address	28. Principal Office Address				•	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		FL 6. FEI Number	1		
City & State	City & State			59-1827862	Applied For Not Applicable		
	Zip Country			7. Certificate of Status Desired \$8.75 Additional Fee Required		\$8.75 Additional	
Zip Country			-	8. Make check payable to: Dept. of State (See reverse side for fee information			
9. Name and Address of Curren	at Registered Spent			10. If changed, new Registere	nd Agent/Office		
LECHTMAN, MICHAEL 17001 N.E. 6TH AVE.		Name Street Address (P.O. Box Number Is Not Acceptable)					
							N. MIAMI BEACH FL 33162
	City						
SIGNATURE (Registered Agent Accepting Appointment) A GENERAL PARTNER THAT	IS A CORPORATION,	LIMITED	PARTI	NERSHIP OR OTHE		NESS ENTITY	
11. Name(s) of General Partner(s)	T BE REGISTERED A		VE WIII 11b.	City, State & Zip Code	11c.	Registration/	
11.	11a. (Do NOT Use Post Office Box Numbers)		TID: Only, claid & Elp coas		Document Number		
VILLAGE OAKS APARTMENTS REAL	6431 COW PEN ROAD		MIAMI LAKES FL		J39117		
				800002 -02/17 ****	432! 7/880 65.00	5385 1040016 ****165.00	
						CMP	
Note: General partners MAY NOT	be changed on this for	m; an am	endmen	it must be filed to ch	ange a ge	eneral partner.	
12. To hereby certify that the information supplied with Corporations from any liability of non-compliance with this annual report is true and accusate and that my si empowered to execute this story as a second by che	h Section 119 07(3)(k) in the event that the gnature shall have the same legal effects a	information supp	plied is deeme	ed exempt from public access. I furth certify that I am a General Partner of	ner certify that the firmited par	ne information indicated on the information indicated or trustee	
Typed or Printed Name of General Partner Signing Form	oded T. M	eltyp	e	DATE	2/1/ 05)5.	98 58 · 3092	
New Comments of Street, Street				- Thurst resolution transport			