

**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

96 NOV -7 PM 2:45



*h/c 11/14/96*

**1.** Name of Limited Partnership  
**1a.** DOCUMENT #  
**A21097**

**SUNTREE AT FORT MYERS, LTD., A CALIFORNIA LIMITED PARTNERSHIP**

**2.** Mailing Address  
8211 W. Broward Blvd.  
#350  
Plantation, Fl  
33324

**2a.** Principal Office Address  
8211 W. Broward Blvd.  
#350  
Plantation, Fl  
33324

**3.** Date Formed or Registered  
10/30/1985

**3a.** Date of Last Report  
12/27/1995

**4.** State or Country of Formation  
CA

**5a.** Capital Contributions as Shown on record  
\$836,992.00

**5b.** Amount of Capital Contributions in FL ORIDA to date

**6.** FEI Number  
33-0125768

Applied For  
 Not Applicable

**7.** Certificate of Status Desired  
 \$6.75 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  
LYONS, BEN H  
2828 CORAL WAY PH  
MIAMI FL 33145

**10.** If changed, new Registered Agent/Office  
Name  
Street Address (P.O. Box Number Is Not Acceptable)  
8211 W. Broward Blvd.  
Suite, Apt. #, etc.  
#350  
City  
Plantation  
Zip Code  
FL 33324

**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.</b> Name(s) of General Partner(s)	<b>11a.</b> Address of Each General Partner (Do NOT Use Post Office Box Numbers)	<b>11b.</b> City, State & Zip Code	<b>11c.</b> Registration/Document Number
C/R FLORIDA ASSOCIATES L.P.,	625 MADISON AVENUE	NEW YORK NY	A24906

6303002007886-1  
-11/19/95-01086-003  
\*\*\*\*576.25 \*\*\*\*576.25

**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 \_\_\_\_\_

Typed or Printed Name of General Partner Signing Form **Michael J. Fried** Daytime Telephone Number **(212)421-5333**

CRCE003 (6/96)