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

LIMITED PARTNERSHIP **ANNUAL REPORT** 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

DOCUMENT # A96000000367

FILED 99 FEB 12 AM 9: 17



Principal Office Address 101 WESTLAKE DRIVE		3. Date Formed or Registered	5a. Capital Contributions as
•		3, Date Formed or Registered 02/26/1996 3a. Date of Last Report 09/15/1997 4. State or Country of Formation FL	
			5b. Amount of Capital
2a. Principal Office Address			to date:
Suite, Apt. #, etc.		6. FEI Number 65-0672184	Applied For
City & State		<u> </u>	Not Applicable
Zip	Country		\$8.75 Additional Fee Required State (See reverse side for fee information
t Registered Agent	T	10. If changed, new Registered	Agent/Office
A /NE BLVD., SUITE 200		500002781165017 ddress (P.O. Box Number Is Not Acceptable) 2719799 = 010615017 pt #, etc	
registered agent, or both, in the State of Flori		as authorized by its general partner(s). I heret	
IS A CORPORATION,	LIMITED P	ARTNERSHIP OR OTHI	ER BUSINESS ENTIT
11a. (Do NOT Use Post Office Box Numbers)			11c. Registration/ Document Number
0 101 WESTLAKE DRIVE		BOYNTON BEACH FL 3343	P95000091562
		92.18-99	
	Suite, Apt. #, etc. City & State Zip At Registered Agent TIS A CORPORATION, TIS A CORPORATION, TIS A CORPORATION, Address of Each General 11a. (Do NOT Use Post Office Bo	Suite, Apt. #, etc. City & State Zip Country Int Registered Agent Name Street Address (Suite, Apt. #, etc. City Suite, Apt. #, etc. City In Suite, Apt. #, etc. City Suite, Apt. #, etc. City The State of Florida Such change with soft section 620, 192, Florida Statutes TIS A CORPORATION, LIMITED PROBLEM REGISTERED AND ACTIVE Address of Each General Partner 11a. (Do NOT Use Post Office Box Numbers) 11	Suite, Apt. #, etc. 6. FEI Number 65-0672184 City & State 7. Certificate of Status Desired 7. Certificate of Status Desired 8. Make check payable to Dept. of 9. Make check payable to Dept. of

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. If urther 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

Marcha V/P Controller Home Development Corp of S. F. 1 DATE 2/8/99

gring Form Stephen F. Parah A Daytime Telephone Number 561 364-9664