

**FILE ON OR BEFORE APRIL 9, 1997 TO AVOID 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

97 MAR 11 AM 7:37



1. Name of Limited Partnership	1a. DOCUMENT # A96000001897
THE PALMS APARTMENTS OF WEST PALM BEACH, LTD.	

Mailing Address 23458 TORRE CIRCLE BOCA RATON FL 33433	Principal Office Address 23458 TORRE CIRCLE BOCA RATON FL 33433	3. Date Formed or Registered 10/11/1996	5a. Capital Contributions as Shown on record. \$2,000.00
2. Mailing Address	2a. Principal Office Address	3a. Date of Last Report	5b. Amount of Capital Contributions in FLORIDA to date: \$2,000.00 ✓
Suite, Apt. #, etc. 10718 KIRKALDY LANE	Suite, Apt. #, etc. 10718 KIRKALDY LANE	4. State or Country of Formation FL	
City & State BOCA RATON, FL	City & State BOCA RATON FL	6. FEI Number 65-0700917	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
Zip 33498	Country USA	7. Certificate of Status Desired <input type="checkbox"/> \$8.75 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 LICHTMAN, JONATHAN L 100 N.E. 3RD AVENUE, SUITE 1100 FORT LAUDERDALE FL 33301	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) 4000002116144-9 Suite, Apt. #, etc. -03/18/97 --01063--103 City ***156.25 ***156.25 FL
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MP 3/12

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) PL APARTMENTS, INC.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 23458 TORRE CIRCLE	11b. City, State & Zip Code BOCA RATON FL 33433	11c. Registration/Document Number P96000083709
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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)(a) 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 **3/2/97**

Typed or Printed Name of General Partner Signing Form **PL APARTMENTS, INC.
BY: JON LICHTMAN** Daytime Telephone Number **954/462-3308**

CR2E003 (11/96)