

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

LIMITED PARTNERSHIP
ANNUAL REPORT
1997

A09356

FLORIDA DEPARTMENT OF STATE
Sanja Morthland
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
97 JAN 30 PM 4:56**

1. Name of Limited Partnership COLONIAL GARDENS ASSOCIATES, LTD.		1a. DOCUMENT # A09356	
2. Mailing Address c/o JAMES W. SHINDELL, ESQ. 201 SO. BISCAYNE BLVD., STE 2400 MIAMI FL 33131		2a. Principal Office Address 2800 PLAZA TERRACE DR. ORLANDO, FLORIDA 32803-2803 U.S.A.	
3. Date Formed or Registered 09/24/80		5a. Capital Contributions as Shown on record \$1,450,000	
3a. Date of Last Report 03/06/96		5b. Amount of Capital Contributions in FLORIDA to date: \$1,225,000	
4. State or Country of Formation NEW YORK		6. FEI Number 59-2038970 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
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)	

BK 1/30/97

9. Name and Address of Current Registered Agent KELLEY DRYE & WARREN LLP ATTN: JAMES W. SHINDELL, ESQ. 201 SO. BISCAYNE BOULEVARD, STE. 2400 MIAMI, FL 33131		10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code	
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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)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number
COLONIAL GARDENS REALTY CORP.	6431 COW PEN ROAD	MIAMI LAKES, FL 33014-6601	J39118

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****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.

COLONIAL GARDENS REALTY CORP.

SIGNATURE By: *John Hatfield* DATE **1/24/97**
Typed or Printed Name of General Partner Signing Form **JOHN HATFIELD** Daytime Telephone Number **404/420-5601**

CR2E003 (6/96)