

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

FILED

97 NOV -3 PM 3:42

SECRETARY OF STATE
TALLAHASSEE FLORIDA

LIMITED PARTNERSHIP ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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1. Name of Limited Partnership	1a. DOCUMENT # A09821
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PEMBROKE VILLAGE ASSOCIATES, LTD.

Mailing Address C/O JAMES W. SHINDELL, ESO. 201 SO. BISCAYNE BLVD., SUITE 2400 MIAMI FL 33131	Principal Office Address 160 N.W. 78TH TERRACE PEMBROKE PINES FL 33024	3. Date Formed or Registered 12/29/1980	5a. Capital Contributions as Shown on record. \$3,700,000.00
2. Mailing Address	2a. Principal Office Address	3a. Date of Last Report 01/30/1997	5b. Amount of Capital Contributions in FLORIDA to date. \$3,200,000
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. State or Country of Formation NY	6. FEI Number 59-2060370
City & State	City & State	7. Certificate of Status Desired <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	8. Make check payable to: Dept. of State (See reverse side for fee information)
Zip Country	Zip Country		

9. Name and Address of Current Registered Agent KELLEY DRYE & WARREN LLP ATTN: JAMES W. SHINDELL 201 S. BISCAYNE BLVD., SUITE 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
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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) PEMBROKE VILLAGE REALTY CORP	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 6431 COW PEN ROAD	11b. City, State & Zip Code MIAMI LAKES FL 33014	11c. Registration/ Document Number J39125
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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)(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.

PEMBROKE VILLAGE REALTY CORP.

SIGNATURE By: *John L. Hatfield*

President

DATE

10/13/97

Typed or Printed Name of General Partner Signing Form

John L. Hatfield

Daytime Telephone Number

(404) 420-5601

CR2E003 (6/97)