## 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

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Name of Limited Partnership	1a.	DOÇUMENT#
ERSAULES AT LAGEMONT T	A	11986
ERSAULES AT LASSMONTT		

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

97 JAN -2 AM 8: 50

7. Certificate of Status Desired \$8.75	
2. Mailing Address  2a. Principal Office Address  MD  Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  City & State  City & State  Country  Country  Zip  Country  4. State or Country of Formation  MD  Applied  52-123-5534  Applied  7. Certificate of Status Desired  \$8.75 Fee Re	
City & State  City & State  City & State  7. Certificate of Status Desired  \$8.75  Zip  Country  Zip  Country	CONIDA
Zip Country Zip Country Zip Country San Country San Country San Country	d For oplicable
	Additional equired fee information)
9. Name and Address of Current Registered Agent 10. If changed, new Registered Agent/Office	
CT CORPORATION SYSTEM  1200 S. PINE ISLAND RD.  Name  Street Address (P.O. Box Number Is Not Acceptable)	
PLANTATION, FL 37324 Suite. Apt. *, etc.	
City FL Zip Code	
A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS E MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.	ENTITY
11. Name(s) of General Partner(s) 11a. Address of Each General Partner (Do NQT Use Post Office Box Numbers) 11b. City, State & Zip Code 11c. Registr Document	ration/ t Number
NORF RISEMONT UNITED COMPANY 4050 DETON DRIVE ORUNDO, P 6 3280 P _ 9500000	5——O -006
Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general p  12. Ide 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 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	ion of
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, recompowered to execute this report is required by chapter 620. Florida Statutes  **PACF COMPANY, 6P  SIGNATURE M: June DATE  Typed or Printed Name of ASSUES Signing Form   S. NARCT   R. BERMAN   Daytime Telephone Number   401 293-3327	