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

LIMITED PARTNERSHIP ANNUAL REPORT





FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

| 1. Name of Limited Partnership | A13605 | | | 97 OCT -3 AM II: 09 | | |
|---|--|---|--|--|--|--|
| CHATEAU DE VILLE APAR | TMENTS, LTD. | | | | 1881, 874 BJAR BJAR BJAR BJAR BJAR BJAR BJAR BJAR | |
| Mailing Address | Principal Office Address 1834 HERMITAGE BLVD. | | | 3. Date Formed or Registered | 5a. Capital Contributions as Shown on record. \$0.00 5b. Amount of Capital Contributions in FLORIDA | |
| 1834 HERMITAGE BLVD. | | | | 12/14/1982 | | |
| Suite 201 Tallahassee FL 32308 | Suite 201 Tallahassee FL 32308 | | | 3a. Date of Last Report 12/18/1996 | | |
| 2. Mailing Address | 28. Principal Office Address | 2a. Principal Office Address | | | of Formation Contributions in FLORIDA to date: | |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | | | 6. FEI Number 59-2258095 | Applied For Not Applicable | |
| City & State | City & State | City & State | | 7. Certificate of Status Desired | | |
| Zip Country | Zip | Zip Country | | 7. Certificate of Status Desired \$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 | 1 | | 10. If changed, new Registere | ad Agent/Office | |
| MOTTICE, H. JAY | | Name | | | | |
| INDUSTRIAL NATIONAL BANK BLDG. | | | Street Address (P.O. Box Number Is Not Acceptable) | | | |
| 2111 N. MONROE STREET SUITE GO | Suite, Apt. #, etc. Ste. 201 | | | • | | |
| TALLAHASSEE FL-32303 | | | | FL Zip Code 34508 | | |
| agent. I em familiar with, and accept the ob- SIGNATURE (Registered Agent Accepting Appointm A GENERAL PARTNER TI | office or registered agent, or both, In the State of F digations of section 620.192, Florida Statutes. | lorida. Such chan | PARTN | rized by its general partner(s). I he | eby accept the appointment of registered | |
| 11. Name(s) of General Partner(s) | 11a. Address of Each Gene (Do NOT Use Post Office I | | 11b. | City, State & Zip Code | 11c. Registration/ Document Number | |
| CHATEAU TALLAHASSEE, INC | , | 2111 N. MONROE ST., # 1934 Hermitage Blud. Stc. 201 | | HASSEE FL 80002 -10/0: **** | L14926 2.3.1.6.1.4.84 3/3701072018 156.25 ****156.25 | |
| Note: Ge rel partners MAY | NOT be changed on this for | m; an ame | | t must be filed to ch | KWM | |
| 12. I do hereby to My that the Information supplies | d with this filing is voluntarily furnished and does i | not qualify for the | exemption st | ated in Section 119.07(3)(k), Florida | Statutes. I release the Division of | |
| | nce with Section 119.07(3)(k) in the event that the at my signature shall have the same legal effects a by chapter 620 frigida Statutes. | | | | | |
| SIGNATURE/ | MY INNTITUE | | | OATE | 7-17-97 | |
| <i>V</i> | 11 Day Mattica | | | Q | 51-386-2117 | |