14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

CITY-ST-ZIP

Palm Lake Associates, Ltd., by its Managing GP, SF General, Inc.

SIGNATURE: By

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

9-21-00

(303) 757-8101

Date

Daytime Phone #

CHZEU03 (3/00)





Λ	CC	'AT	ייידאז	NO.

CCOUNT NO. : 072100000032

REFERENCE : 840221

AUTHORIZATION :

ORDER DATE: September 22, 2000

ORDER TIME : 10:30 AM

ORDER NO. : 840221-045

CUSTOMER NO: 5124005

CUSTOMER: Leslie Green, Corp Paralegal

Aimco

2000 South Colorado Blvd. Tower Two, Suite 2-1000

Denver, CO 80222

ANNUAL REPORT FILING

NAME: PALM LAKE ASSOCIATES, LTD.

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CONTACT PERSON: JEANINE REYNOLDS EXT 1133

EXAMINER'S INITIALS: