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

1. Name of Limited Partnership

1a. DOCUMENT # **A16495**

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

96 DEC 17 PM 3: 09

12(20

AKES OF NORTHDALE, LT	A16495		- 1 1000 1 100 1100 0111 0100 1100 0111		
				T E 0	
Aailing Address 4340 EAST WEST HIGHWAY	Principal Office Address 4340 EAST WEST HIGHWAY		3. Date Formed or Registered 02/27/1984	5a. Capital Contributions as Shown on record.	
SUITE 300 BETHESDA MD 20814	Suite 300 Bethesda MD 20814		3a. Date of Last Report 01/02/1996	5b. Amount of Capital	
2. Mailing Address	2a. Principal Office Address		4. State or Country of Formation	Contributions in FLORIDA to date:	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		6. FEI Number 38-2542940	☐ Applied For	
City & State	City & State	7. Certificate of Status Desired		Not Applicable	
Zip Country	Zip Country		<u></u>	\$8.75 Additional Fee Required If State (See reverse side for fee information)	
9. Name and Address of Cu	9. Name and Address of Current Registered Agent		10. If changed, new Registered Agent/Office		
DEUTCH, JEFFREY A. BROAD & CASSEL 7777 GLADES RD.		Name Street Address (P.O. Box Number Is Not Acceptable)			
					BOCA RATON FL 33434
	City	City FL Zip Code			
agent. I am familiar with, and accept the oblig SIGNATURE (Registered Agent Accepting Appointmen	nt)		DATE		
A GENERAL PARTNER IN	AT IS A CORPORATION, LIMIT UST BE REGISTERED AND AC	TIVE WI	THE THIS OFFICE.	:R BUSINESS ENTITY	
11. Name(s) of General Partner(s)	11a. Address of Each General Partner (Do NOT Use Post Office Box Number	rs) 11b.	City. State & Zip Code	11c. Registration/ Document Number	
ALTMAN DEVELOPMENT CORP	2300 CORPORATE BLVD,	В	OCA RATON FL	856211	
CR.H.C., INCORPORATED	11200 ROCKVILLE PL, #	A	OCKVILLE MD	P01476	
			-12/24.	0866277' 79601050004 76,25 ****576.25	
Note: General partners MAY	NOT be changed on this form; an a	amendm	ent must be filed to ch	ange a general partner.	
Corporations from any liability of non-compliand	with this filling is voluntarily furnished and does not qualify fi se with Section 119 07(3)(k) in the event that the information my signature shall have the same legal effects as if made u by chapter 620 florida Statutes	supplied is dec	emed exempt from public access. I furth ther certify that I am a General Partner of	her certify that the information indicated on of the limited partnership, receiver or truster	
SIGNATURE	Altoward with	- t-	DATE	12/11/96	
Typed or Printed Name of General Partner Signing Forn	MATTOUN DEVEloseme	nt Cup	Will Maytime Telephone Number 3	01/654-9110	