

**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

FILED
Dec 17 1996 8:00 am
Secretary of State

1. Name of Limited Partnership	1a. DOCUMENT # A17993
MALABAR LAKES, LTD.	



Handwritten: 12/26

Mailing Address 4340 EAST-WEST HIGHWAY SUITE 300 BETHESDA MD 20814		Principal Office Address 4340 EAST-WEST HIGHWAY SUITE 300 BETHESDA MD 20814		3. Date Formed or Registered 10/02/1984	5a. Capital Contributions as Shown on record \$2,400,100.00
2. Mailing Address		2a. Principal Office Address		3a. Date of Last Report 01/02/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. State or Country of Formation FL	5b. Amount of Capital Contributions in FLORIDA to date <i>2,400,100.00</i>
City & State		City & State		6. FEI Number 38-2587939	
Zip	Country	Zip	Country	7. Certificate of Status Desired	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
8. Make check payable to Dept. of State (See reverse side for fee information)					\$8.75 Additional Fee Required

9. Name and Address of Current Registered Agent	10. If changed, new Registered Agent/Office
DEUTCH, JEFFREY A. BROAD & CASSEL 7777 GLADES BLVD. BOCA RATON FL 33434	Name
	Street Address (P.O. Box Number Is Not Acceptable)
	Suite, Apt. #, etc.
	City
	FL Zip Code

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)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/Document Number
ALTMAN DEVELOPMENT CORP.	2300 CORPORATE BLVD,	BOCA RATON FL	856211
		500002039565--8	-12/27/96--01073--014
		****576.25 ****576.25	

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 for 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.

SIGNATURE _____

Typed or Printed Name of General Partner signing Form _____

*Handwritten: John A. Altman, President
Altman Development Corporation*

DATE *12/11/96*

Daytime Telephone Number *301/654-9110*

CR2E003 (6/96)