

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

WLC
12/17/96
FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 DEC 17 PM 3:15



1. Name of Limited Partnership	1a. DOCUMENT # A21524
VILLAS OF BRANDYCHASE, LTD.	

Mailing Address 5610 PGA BLVD., STE. 114 PALM BEACH GARDENS FL 33418	Principal Office Address 5610 PGA BLVD., STE. 114 PALM BEACH GARDENS FL 33418	3. Date Formed or Registered 12/17/1985	5a. Capital Contributions as Shown on record \$100,000.00
2. Mailing Address	2a. Principal Office Address	3a. Date of Last Report 01/29/1996	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. State or Country of Formation FL	5b. Amount of Capital Contributions in FLORIDA to date
City & State	City & State	6. FEI Number 59-2670612	
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)	<input type="checkbox"/> \$8.75 Additional Fee Required

9. Name and Address of Current Registered Agent	10. If changed, new Registered Agent/Office	
SABATELLO, CARL 5604 PGA BLVD SUITE 109 PALM BEACH GARDENS FL 33418-3831	Name	
	Street Address (P.O. Box Number Is Not Acceptable) 5610 PGA Boulevard	
	Suite, Apt. #, etc. Suite # 114	
	City	Zip Code
	Palm Beach Gardens	FL 33418

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
SABATELLO PROP. ASSOC.	5604 PGA BLVD, SUITE 5610 PGA Boulevard, Suite # 114	PALM BCH GARDENS FL	G9306800080
			3000012038163--5 -12/26/96-01017-015 ***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 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 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 _____ DATE _____
Typed or Printed Name of General Partner Signing Form Carl M. Sabatello, General Partner Daytime Telephone Number: (561) 626-7600

CR2E003 (6/96)