

**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 Northing**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**SECRETARY OF STATE**  
**DIVISION OF CORPORATIONS**  
**97 JAN -9 AM 8:39**

1. Name of Limited Partnership

1a. DOCUMENT #  
**A21656**

**CWS LAKEWOOD VILLAGE ASSOCIATES, LTD., A  
CALIFORNIA LIMITED PARTNERSHIP**



Mailing Address

Principal Office Address

800 NEWPORT CENTER DRIVE  
SUITE 400  
NEWPORT BEACH CA 92660

800 NEWPORT CENTER DRIVE  
SUITE 400  
NEWPORT BEACH CA 92660

3. Date Formed or Registered

12/26/1985

5a. Capital Contributions as Shown on record.

\$1,471,000.00 ✓

3a. Date of Last Report

01/04/1996

5b. Amount of Capital Contributions in FLORIDA to date:

4. State or Country of Formation

CA

2. Mailing Address

2a. Principal Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. FEI Number

33-0144423

Applied For  
 Not Applicable

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

10. If changed, new Registered Agent/Office-

SHERWOOD, JOSEPH H.  
2500 MAITLAND CENTER PARKWAY  
SUITE 105  
MAITLAND FL 32751

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

WILLIAMS, BYRON L.

800 NEWPORT CENTER DR

#400 NEWPORT BCH CA

SHERWOOD, STEVEN J.

800 NEWPORT CENTER DR

#400 NEWPORT BCH CA

100002061211--4  
-01/17/97--0101--004  
\*\*\*\*138.75 \*\*\*\*138.75

100002061211--4  
-01/17/97--0101--018  
\*\*\*\*437.50 \*\*\*\*437.50

**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

Daytime Telephone Number

Steven J. Sherwood

10/3/96

(714) 640-4200

CR2E003 (6/96)