

**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
SECRETARY OF STATE
DIVISION OF CORPORATIONS

96 DEC 30 PM 12:30



1. Name of Limited Partnership POINCIANA VILLAGE OF MIAMI, LTD.	1a. DOCUMENT # A22022
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Mailing Address 269 NW 7TH ST. MIAMI FL 33136	Principal Office Address 269 NW 7TH ST. MIAMI FL 33136
2. Mailing Address	2a. Principal Office Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

3. Date Formed or Registered 02/11/1986	5a. Capital Contributions as Shown on record. \$150,000.00
3a. Date of Last Report 12/11/1995	5b. Amount of Capital Contributions in FLORIDA to date.
4. State or Country of Formation FL	
6. FEI Number 59-2806166	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. Certificate of Status Desired <input checked="" type="checkbox"/>	\$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

WEITZEL, TED H
269 NW 7TH STREET
MIAMI FL 33136

SIGNATURE (Registered Agent Accepting Appointment) _____

10. If changed, new Registered Agent/Office

Name _____

Street Address (P.O. Box Number Is Not Acceptable) _____

Suite, Apt. #, etc. _____

City _____ State **FL** Zip Code _____

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) INDIAN RIVER INVESTMENTS OF	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 269 NW 7TH ST.	11b. City, State & Zip Code MIAMI FL 33136	11c. Registration/Document Number M16889
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-01/08/97--01050--015
******585.00 ****585.00**

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 **December 23, 1996**

Type Printed Name of General Partner Signing Form **Ted H. Weitzel, President of** Daytime Telephone Number **305-358-8030**
General Partner

CR2E003 (6/96)