FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1997

HERITAGE PARK OF WEST DELRAY, LTD.



FLORIDA DEPARTMENT OF STATE

Sandra Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

FILED SECRETARY OF STATE DIVISION OF COOPERATIONS

96 DEC 27 AM 8: 31





Mailing Address 5858 HERITAGE PARK WAY ' DELRAY BEACH FL 33484	Principal Office Address 5858 HERITAGE PARK WAY DELRAY BEACH FL 33484	,	3. Date Formed or Registered 07/10/1986	5a. Capital Contributions as Shown on record.
			3a. Date of Last Report 12/11/1995 4. State or Country of Formation	5b. Amount of Capital Contributions in FLORIDA to date:
2. Mailing Address	2a. Principal Office Addres	SS	FL.	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		6. 59-2729148	Applied For Not Applicable
City & State	City & State		7. Certificate of Status Desired	\$8.75 Additional
Zip Country	Zip	Country	8. Make check payable to Dept. c	Fee Required If State (See reverse side for fee information
Q Name and Address of C	urrent Dagistared Agent		10. If channel you Provide	od Acost/Office
9. Name and Address of Current Registered Agent SCHEMEL, ROBERT G. 5858 HERITAGE PARK WAY DELRAY BEACH FL 33484		10. If changed, new Registered Agent/Office Name		
		Street Address (P.O. Box Number Is Not Acceptable)		
		Suite, Apt. #, etc.		
		City Zip Code		
10a. Pursuant to the provisions of sections 620 10 for the purpose of changing its registered of	051 and 620 192, Florida Statutes, the above- lice or registered agent, or both, in the State	named limited partnersh	ip organized or registered under the laws of twas authorized by its general partner(s). The	the State of Florida, submits this statemen
for the purpose of changing its registered of agent. I am familiar with, and accept the oblining SIGNATURE (Registered Agent Accepting Appointmeter A GENERAL PARTNER TH	tice or registered agent, or both, in the State gattons of section 620.192, Florida Statutes (mt.) IAT IS A CORPORATION	named limited partnersh of Florida. Such change	was authorized by its general partner(s). The DATE ARTNERSHIP OR OTHE	the State of Florida, submits this statement eby accept the appointment of registere
for the purpose of changing its registered off agent. Fam familiar with, and accept the oblining SIGNATURE (Registered Agent Accepting Appointmeter A GENERAL PARTNER THE M	tice or registered agent, or both, in the State gations of section 620,192, Florida Statutes	named limited partnersh of Florida. Such change N, LIMITED P. AND ACTIVE	was authorized by its general partner(s). The DATE ARTNERSHIP OR OTHE	the State of Florida, submits this statemer reby accept the appointment of registere
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