

FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT
TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Martham
Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

1a. DOCUMENT #
A23605

PALM BEACH COLONY, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 JAN 15 AM 9:02



801/22

Mailing Address 18500 HALL ROAD CLINTON TWP MI 48038-1477		Principal Office Address 2000 N. CONGRESS AVENUE WEST PALM BEACH FL 33409	
2. Mailing Address 6430 So. Quebec St. Bldg. 6		2a. Principal Office Address Suite, Apt. #, etc.	
City & State Englewood, CO 80111 USA		City & State	
Zip	Country	Zip	Country
		3. Date Formed or Registered 11/18/1986	
		3a. Date of Last Report 12/17/1996	
		4. State or Country of Formation FL	
		5a. Capital Contributions as Shown on record \$3,662,847.62	
		5b. Amount of Capital Contributions in FLORIDA to date: 541.25	
		6. FEI Number 65-0471765	
		7. Certificate of Status Desired <input 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 CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		10. If changed, new Registered Agent/Office Name 600002409506-3 Street Address (P.O. Box Number Is Not Acceptable) 81/22/88-01128-019 Suite, Apt. #, etc. ****541.25 ****541.25	
		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) CHATEAU PROPERTIES, INC.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 18500 HALL ROAD	11b. City, State & Zip Code CLINTON TWP MI 48038	11c. Registration/ Document Number F93000004837
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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.

CHATEAU PROPERTIES, INC.

SIGNATURE

DATE 1-12-98

Typed or Printed Name of General Partner Signing Form *CARY P. MCNAUL*

Daytime Telephone Number *(313) 741-3707*

CR2E003 (6/97)