

**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. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
98 JAN 15 AM 9:00

1. Name of Limited Partnership

1a. DOCUMENT #  
**A25857**

**EMERALD LAKE PROPERTIES, LTD.**



01/22

Mailing Address

Principal Office Address

19500 HALL ROAD  
CLINTON TWP MI 48038-1477

24300 AIRPORT ROAD  
PUNTA GORDA FL 33950

3. Date Formed or Registered

01/27/1988

5a. Capital Contributions as Shown on record

541.25

**\$1,939,784.00**

3a. Date of Last Report

12/17/1996

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

4. State or Country of Formation

FL

2. Mailing Address

6430 So. Quebec St.

2a. Principal Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Bldg. 6

Englewood Co

City & State

Zip  
80111

Country  
USA

Zip

Country

6. FE# Number

59-3227833

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

10. If changed, new Registered Agent/Office

Name

Street Address (P.O. Box Number is not acceptable) 308002409499--8

Suite, Apt. #, etc.

01/22/98 01123 017

\*\*\*\*541.25 \*\*\*\*541.25

City

FL

Zip Code

10a. Pursuant to the provisions of sections 620.105-1 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)

19500 HALL ROAD

11b. City, State & Zip Code

CLINTON TWP FL 48038

11c. Registration/ Document Number

F9300004837

**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 CHATEAU PROPERTIES, INC.  
GARY P. McDaniel, CEO

DATE 1-12-98

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number (203) 741-3707

CR2E003 (6/97)