FILE ON OR REFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS FILED

98 DEC 28 PM 3: 33

1. Name of Limited Partnership	1a. DOCUMENT # A25857		SECRETARY OF STATE TALLAHASSEE. FLORIDA			
EMERALD LAKE PROPERTIES, LTD.						
Mailing Address	Principal Office Address		3. Date Formed or Registered	5a. Capital Contributions as Shown on record.		
6430 SO. QUEBEC ST., BLDG, 6 ENGLEWOOD CO 80111	24300 AIRPORT ROAD PUNTA GORDA FL 33950		01/27/1988 3a. Date of Last Report 01/15/1998	\$1,939,784.00 5b. Amount of Capital Contributions in FLORIDA to date:		
2. Mailing Address	2a. Principal Office Address		4. State or Country of Formation			
Suite, Apt. #, etc.	Suite, Apt. #, etc.		6. FEI Number 59-3227833	Applied For		
City & State	City & State		7. Certificate of Status Desired	\$8.75 Additional Fee Required		
Zip Country	Zīp	Country	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			
C T CORPORATION SYSTEM		Name				
1200 SOUTH PINE ISLAND ROAD		Street Address (P.O. Box Number Is Not Acceptable)				
I BUTATION I E GOOLT		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 (Do NOT Use Post Office Box	Numbers) 11D.		IIG. Doc	Registration/ cument Number	
CHATEAU PROPERTIES, INC.	6430 So Duesec E		OG LEWTOD, CO 80111 INTON TWP FL 48038	F93000004837		
-			0000027 -01/15/ ***368:	74444 9301097 3.75 ****	D-5 -885	
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. Of the Corporation of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes. Of the Corporation of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes. Of the Corporation of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes. Of the Corporation of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes. Of the Corporation of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes. Of the Corporation of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.						
SIGNATUREDATE						

Typed or Printed Name of General Partner Signing Form GARY P. MCDANIER, CEO