

**FILE ON OR BEFORE APRIL 9, 1997 TO AVOID REVOCATION
AND \$500 PENALTY FEE**

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| LIMITED PARTNERSHIP ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra Mortham Secretary of State DIVISION OF CORPORATIONS |
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FILED

97 MAY -8 AM 9:33

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



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| 1. Name of Limited Partnership NEIGHBORHOOD LAKES LIMITED PARTNERSHIP | 1a. DOCUMENT # A30178 |
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| Mailing Address 1304 VINCENT PLACE MCLEAN VA 22101 | Principal Office Address 1304 VINCENT PLACE MCLEAN VA 22101 | 3. Date Formed or Registered 06/12/1990 | 5a. Capital Contributions as Shown on record. \$4,048,000.00 |
| | | 3a. Date of Last Report 12/20/1995 | 5b. Amount of Capital Contributions in FLORIDA to date: |
| 2. Mailing Address Suite, Apt. #, etc. City & State Zip Country | 2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country | 4. State or Country of Formation FL | |
| | | 6. FEI Number 52-1688922 | <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) | | | |

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| 9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 | 10. If changed, new Registered Agent/Office Name: 500002176545--3 Street Address (P.O. Box Number is Not Acceptable): 05/13/97-01064-009 Suite, Apt. #, etc.: ***1050.00 ***1050.00 City: FL Zip Code: |
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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.**

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| 11. Name(s) of General Partner(s) PERCHERON INCORPORATED | 11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 2121 WISCONSIN AV NW, | 11b. City, State & Zip Code WASHINGTON DC | 11c. Registration/Document Number P29718 |
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REINSTATEMENT

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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.

SIGNATURE Kamel Tahara DATE 4/25/97
 Typed or Printed Name of General Partner Signing Form KAMEL TAHARA V.P. PERCHERON INCORP Daytime Telephone Number 703 760 0070