


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

FILED  
98 DEC 30 AM 9:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

LIMITED PARTNERSHIP ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
1. Name of Limited Partnership		1a. DOCUMENT # A31774	
MALIBU POINTE AT SILVER LAKES ASSOCIATES, LTD. 99-ARcm			
Mailing Address 1240 SW 177TH TERR. PEMBROKE PINES FL 33029		Principal Office Address 1240 SW 177TH TERR. PEMBROKE PINES FL 33029	
2. Mailing Address 1233 SW 177th TERR.		2a. Principal Office Address 1233 SW 177th TERR	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip Country		Zip Country	
3. Date Formed or Registered 07/19/1991		5a. Capital Contributions as Shown on record. \$250,475.00	
3a. Date of Last Report 12/26/1997		5b. Amount of Capital Contributions in FLORIDA to date: 475.00	
4. State or Country of Formation FL		6. FEI Number 65-0287761	
7. Certificate of Status Desired		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
8. Make check payable to: Dept. of State (See reverse side for fee information)		\$8.75 Additional Fee Required	
9. Name and Address of Current Registered Agent SAVAGE, CRAIG D., ESQ. 801 NORTHEAST 167TH STREET, SUITE 302A NORTH MIAMI BEACH, FL FL 33162		10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) 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 Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/Document Number
MALIBU POINTE AT SILVER LAKE	1240 SW 177TH TERR. 1233 SW 177th TERR	PEMBROKE PINES FL 330	\$66801
300002751259--5 -01/22/98--01101--004 ****141.25 ****141.25			
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 Steven Zuckerman		DATE 12/24/98	
Typed or Printed Name of General Partner Signing Form		Daytime Telephone Number 844371213	

CR2E003 (8/98)