FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1997



CAROLWOOD APARTMENTS OF FLORIDA, LTD.

FLORIDA DEPARTMENT OF STATE

Sandra Mortham

Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

SIGNATURE .

1a. DOCUMENT # **A31844** FILED SECRETARY OF STATE DIVISION OF CERTORATIONS

96 DEC 17 PM 12: 20

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DATE 12.19.91 Number 407-644-0525

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Mailing Address %CANFLOR GENERAL. INC. 399 CAROLINA AVE., STE. 250 WINTER PARK FL 32789	Principal Office Address *CANFLOR GENERAL, INC. 399 CAROLINA AVE., STE. 250 WINTER PARK FL 32789		3. Date Formed or Registered 08/07/1991 3a. Date of Last Report	5a. Capital Contributions as Shown on record \$160,000.00		
			01/02/1996 4. State or Country of Formation	5b. Amount of Capital Contributions in FLORIDA to date		
2. Mailing Address	2a. Principal Office Address	2a. Principal Office Address		FL		
Suite, Apt. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		Applied For Not Applicable		
City & State	City & State	City & State		\$8.75 Additional		
Zip Country	Zip C			Fee Required of State (See reverse side for fee information)		
9_ Name and Address of Cu	rrent Registered Agent		10. If changed new Registere	d Agent/Office		
CANFLOR MANAGEMENT, INC. 399 CAROLINA AVE. SUITE 250 WINTER PARK FL 32789		Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. —12/20/96—01020—002 City ****576.25				
						10a. Pursuant to the provisions of sections 620.105 for the purpose of changing its registered office agent. I am familiar with, and accept the obliging SIGNATURE (Registered Agent Accepting Appointment)
A GENERAL PARTNER THA	AT IS A CORPORATION, LI JST BE REGISTERED AND			R BUSIN	NESS ENTITY	
11. Name(s) of General Partner(s)	Address of Each General P		City, State & Zip Code	11c.	Registration/ Document Number	
CANFLOR GENERAL, INC.	399 CAROLINA AVE #250	· W	WINTER PARK FL 32789		L75519	
•						
•						
Note: General partners MAY N	OT be changed on this form:	an amendm	ent must be filed to ch	ange a ge	eneral partner.	
12. I do hereby certify that the information supplied v		qualify for the exemptic	on stated in Section 119.07(3)(k), Florida		<u>_</u>	

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 chapte 620, Florida Statutes