

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

**LIMITED PARTNERSHIP
ANNUAL REPORT
1997**



FLORIDA DEPARTMENT OF STATE
Sandra Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 FEB 13 PM 2:19



1. Name of Limited Partnership TWIN LAKE ESTATES, LTD.	1a. DOCUMENT # A31990
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Mailing Address 20719 U.S. HIGHWAY 331 SOUTH FREEPORT FL 32439	Principal Office Address 20719 U.S. HIGHWAY 331 SOUTH FREEPORT FL 32439	3. Date Formed or Registered 09/17/1991	5a. Capital Contributions as Shown on record. \$360,000.00
		3a. Date of Last Report 01/03/1996	5b. Amount of Capital Contributions in FLORIDA to date:
2. Mailing Address	2a. Principal Office Address	4. State or Country of Formation FL	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	6. FEI Number 59-3116400	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
City & State	City & State	7. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
Zip Country	Zip Country	8. Make check payable to: Dept. of State (See reverse side for fee information)	

9. Name and Address of Current Registered Agent BUCCI, SALLY -RT. 2 BOX 216, HIGHWAY 331 SOUTH- FREEPORT FL 32439	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) 20719 US HWY 331 S Suite, Apt. #, etc. 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.**

11. Name(s) of General Partner(s) LAND DEVELOPERS OF WALTON CO	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) -RT. 2 BOX 216, HIGHWA- 20719 US HWY 331S	11b. City, State & Zip Code FREEPORT FL 32439	11c. Registration/Document Number \$80957
		300002096833--2 -02/25/97--01084--022 ****541.25 ****541.25	
		New Fees	KWM

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 *Sally Ann Bucci* DATE *2-12-97*
Typed or Printed Name of General Partner Signing Form *Sally Ann Bucci* Daytime Telephone Number *(904) 835-4739*

CR2E003 (11/96)