

FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT
TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1998



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
97 DEC 23 AM 10:06

1. Name of Limited Partnership

1a. DOCUMENT #
A93000000645

SFA PALM LAKES, LTD.



Mailing Address

9200 SOUTH DADELAND BLVD., SUITE 609
MIAMI FL 33156

Principal Office Address

9200 SOUTH DADELAND BLVD., SUITE 609
MIAMI FL 33156

3. Date Formed or Registered

06/01/1993

3a. Date of Last Report

10/28/1996

4. State or Country of Formation

FL

5a. Capital Contributions as
Shown on record.

\$7,500.00

5b. Amount of Capital
Contributions in FLORIDA
to date

2. Mailing Address

9095 S.W. 87 Ave

Suite, Apt. #, etc.

Suite 777

City & State

Miami FL

Zip

33176 USA

2a. Principal Office Address

9095 SW 87 Ave

Suite, Apt. #, etc.

Suite 777

City & State

Miami FL

Zip

33176 USA

6. FEI Number

65-0433629

☐ Applied For
☐ Not Applicable

7. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

8. Make check payable to: Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent

KEY CORPORATE SERVICES

FIRST UNION FINANCIAL CENTER

200 SOUTH BISCAYNE BLVD., 20TH FLOOR

MIAMI FL 33131

10. If changed, new Registered Agent/Office

Name

James R. Mitchell

Street Address (P.O. Box Number is Not Acceptable)

9095 S.W. 87 Avenue

Suite, Apt. #, etc.

Suite 777

City

Miami

Zip Code

FL 33176

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 12/19/97

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)

SFA PALM LAKES, INC.

11a. Address of Each General Partner
(Do NOT Use Post Office Box Numbers)

9200 SOUTH DADELAND B

11b. City, State & Zip Code

MIAMI FL 33156

11c. Registration/
Document Number

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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

Typed or Printed Name of General Partner Signing Form

James R. Mitchell

DATE 12/17/97

Daytime Telephone Number 305-271-5051

CR2E003 (6/97)