

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

FILED

96 DEC 19 PM 12:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED PARTNERSHIP ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra Mortham Secretary of State DIVISION OF CORPORATIONS
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1. Name of Limited Partnership SFA TWIN LAKES, LTD.	1a. DOCUMENT # A93000000646
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12/27

Mailing Address 9200 SOUTH DADELAND BLVD., SUITE 600 MIAMI FL 33136	Principal Office Address 9200 SOUTH DADELAND BLVD., SUITE 600 MIAMI FL 33136
2. Mailing Address 9095 SW 87ave Suite, Apt. #, etc. Suite 777 City & State Miami, Florida Zip 33176 Country USA	2a. Principal Office Address 9095 SW 87ave Suite, Apt. #, etc. Suite 777 City & State Miami, Florida Zip 33176 Country USA

3. Date Formed or Registered 06/01/1993	5a. Capital Contributions as Shown on record \$7,500.00
3a. Date of Last Report 12/21/1995	5b. Amount of Capital Contributions in FLORIDA to date:
4. State or Country of Formation FL	
6. FEI Number 65-0433630	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. Certificate of Status Desired <input type="checkbox"/> \$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 Street Address (P.O. Box Number Is Not Acceptable) 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) SFA TWIN 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 P93000043522
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CR2E003 (6/96)

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

DATE

Typed or Printed Name of General Partner Signing Form

Robert Spielman

Daytime Telephone Number

305-670-9700