

**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 10:01

1. Name of Limited Partnership

1a. DOCUMENT #  
**A93000000646**

**SFA TWIN LAKES, LTD.**



Mailing Address

6095 SW 87 AVE., #777  
MIAMI FL 33176

Principal Office Address

6095 SW 87 AVE., #777  
MIAMI FL 33176

3. Date Formed or Registered

06/01/1993

5a. Capital Contributions as Shown on record.

\$7,500.00

3a. Date of Last Report

12/19/1996

5b. Amount of Capital Contributions in FLORIDA to date:

4. State or Country of Formation

FL

2. Mailing Address

2a. Principal Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. FEI Number

65-0433630

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

FL

Zip Code

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)

*James R. Mitchell*

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 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

500002390935-- 6  
-01/06/99--01053--009  
\*\*\*156.25 \*\*\*156.25

**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

*James R. Mitchell*

DATE

12/17/97

Typed or Printed Name of General Partner Signing Form

James R. Mitchell

Daytime Telephone Number

305-271-5051

CP2E003 (6/97)