

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

**LIMITED PARTNERSHIP
ANNUAL REPORT
1997**



FLORIDA DEPARTMENT OF STATE

Sandra Mortham
Secretary of State

DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 OCT 18 PM 12:39

1. Name of Limited Partnership

1a. DOCUMENT #
A93000000920

MALLARDS LANDING TOWNHOMES AND VILLAS, LTD.



Mailing Address

**23458 TORRE CIRCLE
BOCA RATON FL 33433**

Principal Office Address

**23458 TORRE CIRCLE
BOCA RATON FL 33433**

3. Date Formed or Registered

09/10/1993

5a. Capital Contributions as
Shown on record

\$1,150,000.00

3a. Date of Last Report

01/25/1996

5b. Amount of Capital
Contributions in FL OFRDA
to date

\$1,150,000.00

4. State or Country of Formation

FL

6. FLI Number

65-0457632

☐ 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

**LICHTMAN, JONATHAN J
100 NE THIRD AVE., SUITE 1100
FT. LAUDERDALE FL 33301**

10. If changed, new Registered Agent/Office

Name

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

200001989202--3

Suite, Apt. #, etc.

-10/29/96--01125--005

City

******576.25 ****576.25**

FL

Zip Code

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)

ML APARTMENTS, INC.

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

23458 TORRE CIRCLE

11b. City, State & Zip Code

BOCA RATON FL 33433

11c. Registration/
Document Number

P95000000276

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

ML APARTMENTS,

BY: JON LICHTMAN, PRESIDENT

DATE

10/10/96

Daytime Telephone Number

954/112-3500

CR2E003 (6/96)