


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

FILED

96 NOV 14 PM 2: 09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED PARTNERSHIP ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra Mortham Secretary of State DIVISION OF CORPORATIONS	
1. Name of Limited Partnership PASADENA AT THE LANDINGS, LTD.		1a. DOCUMENT # A93000001231 <i>97-AR CM</i>	
2. Mailing Address 11801 PEMBROKE ROAD PEMBROKE PINES FL 33025		2a. Principal Office Address 11801 PEMBROKE ROAD PEMBROKE PINES FL 33025	
3. Date Formed or Registered 11/29/1993		5a. Capital Contributions as Shown on record \$108,000.00	
3a. Date of Last Report 10/13/1995		5b. Amount of Capital Contributions in FLORIDA to date:	
4. State or Country of Formation FL		6. FEI Number 65-0445870 <input type="checkbox"/> Applied For <input checked="" 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 BERGER, DAVID J ESQ. C/O BROAD AND CASSEL 175 N.W. FIRST AVENUE, SUITE 2000 MIAMI FL 33128-9985		10. If changed, new Registered Agent/Office Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ Suite, Apt. #, etc. _____ City _____ 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) THE LANDINGS BY PASADENA, IN	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 1000 NORTH HIATUS ROA	11b. City, State & Zip Code PEMBROKE PINES FL 330	11c. Registration/Document Number P93000077741
4000002012054--5 -11/22/95--01021--006 ****576.25 ****576.25			
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 _____		DATE <i>11/29/95</i>	
Typed or Printed Name of General Partner Signing Form _____		Daytime Telephone Number _____	

CR2E03 (6/96)