

**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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

96 NOV 15 AM 10:38



1. Name of Limited Partnership	1a. DOCUMENT # A94000000026
PASADENA AT PEMBROKE LAKES SOUTH, LTD.	

Mailing Address 11801 PEMBROKE RD PEMBROKE PINES FL 33025	Principal Office Address 11801 PEMBROKE RD PEMBROKE PINES FL 33025	3. Date Formed or Registered 01/04/1994	5a. Capital Contributions as Shown on record \$108,000.00
2. Mailing Address	2a. Principal Office Address	3a. Date of Last Report 10/16/1995	5b. Amount of Capital Contributions in FL ORIDA to date:
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. State or Country of Formation FL	
City & State	City & State	6. FEEL Number 65-0460829	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip Country	Zip Country	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. % COURTHOUSE CENTER, SUITE 2000 175 NW FIRST AVENUE MIAMI FL 33128-9965	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 620.105-1 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) PASADENA AT PLS, INC.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 1000 N. HIATUS ROAD	11b. City, State & Zip Code PEMBROKE PINES FL 330	11c. Registration/Document Number P94000000346
600002013686--1 -11/26/96--01032--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 **11/15/96**
Typed or Printed Name of General Partner Signing Form **Robert B. Miller** Daytime Telephone Number **(954) 435-9997**

CR2E003 (6/96)