FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

SIGNATURE.

Typed or Printed Name of General Partner Signing

1a. DOCUMENT # **A94000000026**

SECRETARY OF STATE DIVISION OF CORPORATIONS
98 NOV 30 PM 1:40

	A9400000026						
PASADENA AT PEMBROKE LAI	KES SOUTH, LTD.		į	2012/4			
Mailing Address	Principal Office Address			3. Date Formed or Registered	5a. Capital Contributions as Shown on record.		
11901 PEMBROKE RD PEMBROKE PINES FL 33025	11801 PEMBROKE RD PEMBROKE PINES FL 33025		<u>-</u>	01/04/1994 3a. Date of Last Report	\$108,000.00		
2. Mailing Address	2a. Principal Office Address			01/20/1998 4. State or Country of Formation	5b. Amount of Capital Contributions in FLORIDA to date:		
The Manual Colors	Zine Frincipal Cilico Fladidos		Ì	FL			1
Suite, Apt. #, etc.	Suite, Apt. #, etc.			6. FEI Number 65-0460829	Applied For Not Applicable		
City & State	City & State		}	7. Certificate of Status Desired		\$8.75 Additional	\dashv
Zip Country	Zip Country			7. Certificate of Status Desired \$8.75 Additional Fee Required 8. Make check payable to: Dept. of State (See reverse side for fee information)			
	.L.,			O, Make Check payable to; Dept. of S	219 (269 1646	arse side for lee information	
9. Name and Address of Current Registered Agent			10. If changed, new Registered Agent/Office				
DEDOED DAME I FOO		Name					\neg
BERGER, DAVID J ESQ. % COURTHOUSE CENTER, SUITE 2000		Street Address (P.O. Box Number Is Not Acceptable)					\neg
175 NW FIRST AVENUE		Suite, Apt. #, etc.					\dashv
MIAMI FL 33128-9965							_
		City			FL	Zip Code	
10a. Pursuant to the provisions of sections 620.1051 and 6 for the purpose of changing its registered office or regagent. I am familiar with, and accept the obligations of	Istered agent, or both, in the State of Florid						t
SIGNATURE (Registered Agent Accepting Appointment)				DATE_	====		,
A GENERAL PARTNER THAT IS MUST	BE REGISTERED AN	<u>D ACTIV</u>	PART E WIT	NERSHIP OR OTHER H THIS OFFICE.	S BUSI		Y
11. Name(s) of General Partner(s)	11a. Address of Each General (Do NOT Use Post Office Bo	Partner x Numbers)	11b.	City, State & Zip Code	11c.	Registration/ Document Number	_
PASADENA AT PLS, INC.	1000 N. HIATUS ROAD		PEMBROKE PINES FL 330		P94000000346		
z.				5000027i -12/07/9 ****528	153 8-507 1.25	755 66-008 ****526.25	200
€*							
Note: General partners MAY NOT	e changed on this form	; an ame	endmer	nt must be filed to cha	nge a g	eneral partner	
12. I do hereby certify that the information supplied with this corporations from any liability of non-compliance with Se this annual report is true and accurate and that mysignal employment to execute this proof as required by chantes.	ction 119.07(3)(k) in the event that the info ture shall have the same legal effects as if	rmation suppli	ed is deeme	d exempt from public access. I further c	ortify that the	information indicated on	

Daytime Telephone Number