


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

**FILED**

97 FEB 18 AM 10:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>LIMITED PARTNERSHIP</b> <b>ANNUAL REPORT</b> <b>1997</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>1. Name of Limited Partnership</b>  <b>ARBOR OAKS, LTD.</b>		<b>1a. DOCUMENT #</b> <b>A94000000191</b>	
<b>Mailing Address</b> <del>2201 CORPORATE BOULEVARD, N.W., SUITE 200</del> <del>BOCA RATON FL 33431</del>		<b>Principal Office Address</b> <del>2201 CORPORATE BOULEVARD, N.W., SUITE 200</del> <del>BOCA RATON FL 33431</del>	
<b>2. Mailing Address</b> <b>See Attached</b>		<b>2a. Principal Office Address</b> <b>See Attached</b>	
<b>Suite, Apt. #, etc.</b>		<b>Suite, Apt. #, etc.</b>	
<b>City &amp; State</b>		<b>City &amp; State</b>	
<b>Zip</b>		<b>Zip</b>	
<b>Country</b>		<b>Country</b>	



<b>3. Date Formed or Registered</b> <b>02/16/1994</b>	<b>5a. Capital Contributions as Shown on record.</b> <del>\$5,877,000.00</del> <b>\$26,877,000.00</b>
<b>3a. Date of Last Report</b> <b>01/03/1996</b>	<b>5b. Amount of Capital Contributions in FLORIDA to date:</b> <b>\$26,877,000</b> Supp affidavit filed 12-30-96
<b>4. State or Country of Formation</b> <b>FL</b>	
<b>6. FEI Number</b> <del>65-0468944</del> <b>39 1870782</b>	
<b>7. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>8. Make check payable to: Dept. of State (See reverse side for fee information)</b>	

<b>9. Name and Address of Current Registered Agent</b> <del>BROAD AND CASSEL</del> <del>C/O JEFFREY A. DEUTCH</del> <del>7777 GLADES ROAD, SUITE 300</del> <del>BOCA RATON FL 33434</del>	<b>10. If changed, new Registered Agent/Office</b> Name: <b>See Attached</b> Street Address (P.O. Box Number is Not Acceptable): Suite, Apt. #, etc.: City: <b>300002090833--8</b> <b>-02/18/97--01102--003</b> <b>****37.50 ****437.50</b>
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**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) *Carson D. Keyes* DATE **1/9/97**

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

<b>11. Name(s) of General Partner(s)</b> <del>ALTMAN DEVELOPMENT CORPORATI</del> <b>RE CORP.</b>	<b>11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)</b> <del>2201 CORPORATE BOULEV</del> <b>c/o</b> <b>The Northwestern Mutual</b> <b>Life Insurance Company</b> <b>200 South Biscayne Blvd.</b> <b>Suite 2730</b> <b>Attn: Pamela A. Knox</b>	<b>11b. City, State &amp; Zip Code</b> <del>BOCA RATON FL 33431</del> <b>Miami, FL 33131-2360</b> <b>300002090833--8</b> <b>-02/18/97--01102--002</b> <b>****103.75 ****103.75</b>	<b>11c. Registration/Document Number</b> <del>836211</del> <b>(F97000000836)</b> <b>300002090833--8</b> <b>-02/18/97--01102--002</b> <b>****103.75 ****103.75</b>
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(Amended and Restated Certificate of Limited Partnership filed concurrently with this Annual Report)

**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 *Carson D. Keyes* DATE **1-7-97**

RE Corp. by: **Carson D. Keyes**

Daytime Telephone Number **414-299-7024**

CR2E003 (6/96)

A940000000191

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**Section 2:**

c/o The Northwestern Mutual Life Insurance Company  
ATTN: PAMELA A. KNOX  
200 South Biscayne Boulevard, Suite 2730  
Miami, Florida 33131-2360

**Section 2A**

c/o The Northwestern Mutual Life Insurance Company  
ATTN: PAMELA A. KNOX  
200 South Biscayne Boulevard, Suite 2730  
Miami, Florida 33131-2360

**Section 10**

The Northwestern Mutual Life Insurance Company  
ATTN: PAMELA A. KNOX  
200 South Biscayne Boulevard, Suite 2730  
Miami, Florida 33131-2360