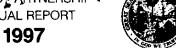
# FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP •
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

#### Sandra Mortham

Secretary of State
DIVISION OF CORPORATIONS

97 FEB 18 AH 10: 16

STOLETARY. SEE SERVINA

1991	DIVISION OF C	CORPORATIONS	Tellonia	SULF GARRIA
1. Name of Limited Partnership	1a. DOCUM A9400000	1ENT #	 	AMIN ANNO BANK ANNO ANDRE MAIO XAOL II DE AND
ARBOR OAKS, LTD.				
				(?)
Mailing Address 2201 CORPORATE SOULEVARD. N.W., SUITE 200 SOUR RATON FL 33431	Principal Office Address  289 - GORPORATE BOULEVARD, N.W., SUITE 209  BOGA RATON FL 93431		3. Date Formed or Registered 02/16/1994  3a. Date of Last Report 01/03/1996	58. Capital Contributions as Shown on record.  \$5,877,000.00  \$26,877,000.00  5b. Amount of Capital Contributions in FLORIDA
			4. State or Country of Formation	Contributions in FLORIDA to date:
2. Mailing Address	2a. Principal Office Address		FL	\$26,877,000 supp affidavit file 12-30-96
See Attached	See Attached			12-30-96
Suite, Apt. #, etc.	Suite, Apt. #, etc.		6. FEI Number - 65-0468944	Applied For Not Applicable
City & State	City & State		39 1870782 7. Certificate of Status Desired	F0.75
Zip Country	Zip Country		F - Certificate of status besited	\$8.75 Additional Fee Required
Zip Godiniy			8. Make check payable to Dept	of State (See reverse side for fee information
	- <del></del>			( Mew) Justia
9. Name and Address of Current I	Registered Agent		<ol><li>If changed, new Registe</li></ol>	red Agent/Office
BROAD AND CASSEL -C/O JEFREY A: DEUTCH		Name See Attached Street Address (P.O. Box Number is Not Acceptable)		
•		Suite, Apt. #, etc.		
BOCA RATON FL 33434		-02/18/97 <b>PQ</b> 1102003		
10a. Pursuant to the provisions of sections 620.1051 and for the purpose of changing its registered office or reagent. I am familiar with, and accept the obligations SIGNATURE (Registered Agent Accepting Appointment)	egistered agent, or both, in the State of F	med limited partnership florida. Such change w	o organized or registered under the laws of	The state of Florica, submits will statement ereby accept the appointment of registered $1/9/97$
A GENERAL PARTNER THAT	S A CORPORATION, BE REGISTERED A	LIMITED PA	ARTNERSHIP OR OTH	ER BUSINESS ENTITY
11. Name(s) of General Partner(s)	11a. (Do NOT Use Post Office		b. City, State & Zip Code	11c. Registration/ Document Number
ALTMAN DEVELOPMENT CORPORATI	2201 CORPORATE BO		_BOCA RATON FL 93431	
RE CORP.	c/o The Northwesters Life Insurance 200 South Biscas Suite 2730 Attn: Pamela A	Company Mi	-02/1	(F9700000836) 2090833
(Amended and Restated Cert Annual Report)	ificate of Limited	Partnersh	ip filed concurrent	ly with this
Note: General partners MAY NOT				
12 I do hereby certify that the information supplied with th	nis filing is voluntarily furnished and does	not qualify for the exer	mption stated in Section 119.07(3)(k), Flori	da 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.

RE Corp. by: Carson D. Keys

\_\_\_\_\_\_

a Tolophone Number 414-299-7024



# 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