

**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
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

96 DEC 20 AM 9:00



1. Name of Limited Partnership PARK CITY LAKES, LTD.	1a. DOCUMENT # A94000000999
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Mailing Address 1111 LINCOLN ROAD MALL, SUITE 800 MIAMI BEACH FL 33139	Principal Office Address 1111 LINCOLN ROAD MALL, SUITE 800 MIAMI BEACH FL 33139	3. Date Formed or Registered 07/22/1994	5a. Capital Contributions as Shown on record \$6,500.00
		3a. Date of Last Report 11/17/1995	5b. Amount of Capital Contributions in FLORIDA to date:
2. Mailing Address Suite, Apt. #, etc. City & State Zip Country	2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country	4. State or Country of Formation FL	6. FEI Number 65-0527341
		7. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/> Not Applicable
8. Make check payable to: Dept. of State (See reverse side for fee information)			

9. Name and Address of Current Registered Agent HOWARD, EUGENE J ESQ. 1111 LINCOLN ROAD MALL, SUITE 800 MIAMI BEACH FL 33139	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City Zip Code
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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)

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) GOLDEN LAKES, INC.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 1111 LINCOLN ROAD MAL	11b. City, State & Zip Code MIAMI BEACH FL 33139	11c. Registration/Document Number F24995
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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

Typed or Printed Name of General Partner Signing Form

E. HOWARD

DATE

Daytime Telephone Number

11/6/96
538-6361

CR2E003 (6/96)