

**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 OCT 11 AM 11:20

1. Name of Limited Partnership

1a. DOCUMENT #  
**A94000001588**

**SHELBY HOMES AT THE COURTYARDS, LTD.**



Mailing Address  
**1060 S.W. 156TH TERRACE  
PEMBROKE PINES FL 33027**

Principal Office Address  
**1060 S.W. 156TH TERRACE  
PEMBROKE PINES FL 33027**

3. Date Formed or Registered  
**11/28/1994**

5a. Capital Contributions as  
Shown on record  
**\$300,000.00**

3a. Date of Last Report  
**09/29/1995**

4. State or Country of Formation  
**FL**

5b. Amount of Capital  
Contributions in FLORIDA  
to date

2. Mailing Address  
**9050 PINES BLVD  
SUITE 250**

2a. Principal Office Address  
**9050 PINES BLVD  
SUITE 250**

City & State  
**PEMBROKE PINES, FL**

City & State  
**PEMBROKE PINES, FL**

Zip Country  
**33024 USA**

Zip Country  
**33024**

6. FFI Number  
**65-0537150**

☐ Applied For  
☐ Not Applicable

7. Certificate of Status Desired

☒ **\$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

**SIMON, ERIC A ESQ.  
C/O SIMON, MOSKOWITZ & MANDELL, P.A.  
750 S.E. 3RD AVENUE, STE. 100  
FT. LAUDERDALE FL 33316**

10. If changed, new Registered Agent/Office

Name  
Street Address (P.O. Box Number Is Not Acceptable)  
**9050 PINES BLVD**  
Suite, Apt. #, etc.  
**SUITE 250**  
City  
**PEMBROKE PINES** FL Zip Code  
**33024**

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 **9/16/96**

**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)

**SHELBY HOMES AT THE COURTYAR**

11a. Address of Each General Partner  
(Do NOT Use Post Office Box Numbers)

**1060 S.W. 156TH TERRA  
9050 PINES BLVD  
SUITE 250**

11b. City, State & Zip Code

**PEMBROKE PINES FL 33027**

11c. Registration  
Document Number

**P94000013866**

**500001976345--2  
-10/16/96--01027--016  
\*\*\*\*585.00 \*\*\*\*585.00**

**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

*Eric A Simon*

DATE

**9/16/96**

Typed or Printed Name of General Partner Signing Form

**ERIC A SIMON**

Daytime Telephone Number

**954-437-7100**

CR2E003 (6/96)