

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

96 DEC 18 PM 2:42

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA



12/26

1. Name of Limited Partnership VISTA LAKES LIMITED		1a. DOCUMENT # A94000001813	
Mailing Address 11934 S.W. 208 TERRACE MIAMI FL 33177		Principal Office Address 11934 S.W. 208 TERRACE MIAMI FL 33177	
2. Mailing Address 15292 SW 17 Street Suite, Apt. #, etc.		2a. Principal Office Address 15292 SW 17 Street Suite, Apt. #, etc.	
City & State Davie, FL		City & State Davie, FL	
Zip 33326 USA		Zip 33326 USA	

3. Date Formed or Registered 12/23/1994	5a. Capital Contributions as Shown on record \$441,500.00
3a. Date of Last Report 10/23/1995	5b. Amount of Capital Contributions in FLORIDA to date
4. State or Country of Formation FL	6. FEI Number 65-0529601 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. Certificate of Status Desired <input checked="" type="checkbox"/>	\$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 ROBBINS, CHARLES D ESQ BLACKWELL & WALKER, P.A. ONE S.E. 3RD AVE. MIAMI FL 33131	10. If changed, new Registered Agent/Office Name Robbins, Charles D. Esq Wampler, Buchanan & Breen Street Address (P.O. Box Number is Not Acceptable) 777 Brickell Avenue Suite, Apt. #, etc. 900 Sun Bank Building City Miami Zip Code FL 33131
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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) DAVENPORT, RICHARD A VISTA DEVELOPMENT, INC.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 15292 SW 17 St. 11934 SW 208 TERRACE 9130 SW 78 CT	11b. City, State & Zip Code Davie, FL 33326 MIAMI FL 33177 MIAMI FL 33156	11c. Registration/Document Number P94000079745
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3000002040923-8
-12/30/96-01032-016
****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

DATE

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

CR2E03 (6/96)