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

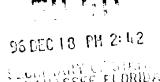
LIMITED PARTNERSHIP ANNUAL REPORT 1007



FLORIDA DEPARTMENT OF STATE

Sandra Mortham

Secretary of State



1997	DIVISION OF COR		11366	SSEE, FLORIUM	
1. Name of Limited Partnership	1a. DOCUME <b>A9400001</b> 8	NT # <b>313</b>			
ISTA LAKES LIMITED	<del></del>	<del></del>			
TOTAL DE LITTLE			}	/	
			j	St 17/21	
Mailing Address	Principal Office Address		3. Date Formed or Registered	5a. Capital Contributions as Shown on record	
11934 S.W. 208 TERRACE	11934 S.W. 208 TERRACE MIAMI FL 33177		12/23/1994 3a. Date of Last Report 10/23/1995	\$441,500.00	
MIAMI FL 33177				1 944 1500:00	
				5b. Amount of Capital Contributions in FLORIDA	
			4. State or Country of Formation	Contributions in FLORIDA to date	
2. Mailing Address 15292 SWIT Street	2a. Principal Office Address	Street	FL	1	
Suite, Apt. #, etc.  City & State	Suite, Apt. #, etc.			Applied For	
	City & State	<del></del>	65-0529601 Applied Fi		
Davie FL	Davie, FL		7. Certificate of Status Desired	\$8.75 Add tional	
33326 USA		ountry USA	8. Make check payable to Dept o	Fee Required  I State (See reverse side for fee information)	
33340 4317	100000	<u> </u>			
9. Name and Address of Current Registered Agent			10. If changed, new Registered Agent/Office		
ROBBINS, CHARLES D ESQ		- $        -$	ins, Charles D. Her, Buchanan	esq EBreen	
-BLACKWELL & WALKER, P.A.	ſ	Street Address (P.O. B	lox Number is Not Acceptable)		
AND A D AND AND		777 12,	MCKell Allen	( P.	
ONE S.E. SRD AVE.		Suite, Apt #, etc	nickell Avenu		
ONE S.E. 3RD AVE. MIAMI FL 33131	-			itding zin code	
MIAMI FL 33131	151 and 620 192 Florida Statutes, the above-named	Suite Apt A, etc Si	in Bank Bu	11ding 70 Code 3131	
MIAM FL 33131  10a. Pursuant to the provisions of sections 620 10 for the purpose of changing its registered off	fice or registered agent or both, in the State of Florida	Suite, Apt M, etc.  City  City  Limited partnership orga	in Bein C Bu	FL 33131 he State of Florida submits this statement	
MAM FL 33131  10a. Pursuant to the provisions of sections 620.10	fice or registered agent or both, in the State of Florida	Suite, Apt M, etc.  City  City  Limited partnership orga	in Bein C Bu	FL 33131 he State of Florida submits this statement	
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MAM FL 33131  10a. Pursuant to the provisions of sections 620.10 for the purpose of changing its registered off agent. I am familiar with, and accept the oblication of the purpose of changing appointment of the purpose of the purpo	fice or registered agent or both, in the State of Florid, gations of section 620 192, Florida Statutes  ent)  IAT IS A CORPORATION, LI	Suite, Apt & etc.  City  City  Imited partnership orge a Such change was au  MITED PART ACTIVE WI	nized or registered under the laws of the thorized by its general partner(s). I her	FL 33131 he State of Florida submits this statement eby accept the appointment of registered	
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MANH FL 33131  10a. Pursuant to the provisions of sections 620.10 for the purpose of changing its registered off agent. I am familiar with, and accept the oblining Appointment of the AGENERAL PARTNER THE MAIL.  11. Name(s) of General Partner(s)	ince or registered agent or both, in the State of Floridigations of section 620 192, Florida Statutes  Ently  IAT IS A CORPORATION, LI  UST BE REGISTERED AND  11a. (Do NOT Use Posit Office Box	Suite Apt a etc.  City  City  City  City  MITED PART  ACTIVE Will  ACTIVE Will  Active Signature of the state	nized or registered under the laws of thorized by its general partner(s). Therefore, DATE  TNERSHIP OR OTHE  TH THIS OFFICE.  City, State & Zip Code	FL 7:p Code FL 7:p	
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MIAMA FL 33131  10a. Pursuant to the provisions of sections 620.10 for the purpose of changing its registered obli agent. I am familiar with, and accept the obli SIGNATURE (Registered Agent Accepting Appointme A GENERAL PARTNER TH. M.  11. Name(s) of General Partner(s)  DAVENPORT, RICHARD A  VISTA DEVELOPMENT, INC.  Note: General partners MAY  12. I do hereby certify that the information supplied Corporations from any liability of non-compilian	In the State of Florida gations of section 620 192, Florida Statutes  INT IS A CORPORATION, LILE TO THE REGISTERED AND THE REGISTERED AND THE POST Office Box 200 NOT Use Post Office Box 300 NOT Use Post Office Box 300 NOT Use TERRACE  9130 SW 78 CT  NOT be changed on this form; d with this filing is voluntarily furnished and does not try signature shall have the same legal effects as if	Suite Apt a etc.  City  MITED PART  ACTIVE WITH  PARTINE Numbers)  ACTIVE WITH  ACT	DATE  TNERSHIP OR OTHE  TH THIS OFFICE.  City, State & Zip Code  AMI FL 33176  Cent must be filed to che in stated in Section 119.07(3)(k), Florida- med everificity from public access. Hurt	The State of Florida submits this statement eby accept the appointment of registered.  The Registration of Particular Statement Number  Particles of Particular Statement of P	
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