

**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 Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 DEC 19 AM 11:32

1. Name of Limited Partnership	1a. DOCUMENT # A95000000459
GREEN VISTA APARTMENTS, LTD.	



Mailing Address 7700 NORTH KENDALL DR. SUITE 200 MIAMI FL 33156	Principal Office Address 7700 NORTH KENDALL DR. SUITE 200 MIAMI FL 33156	3. Date Formed or Registered 03/22/1995	5a. Capital Contributions as Shown on record. \$100.00
2. Mailing Address	2a. Principal Office Address	3a. Date of Last Report 12/18/1995	5b. Amount of Capital Contributions in FLORIDA to date. \$100.00
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. State or Country of Formation FL	6. FEI Number 65-0565633 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
City & State	City & State	7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	8. Make check payable to: Dept. of State (See reverse side for fee information)
Zip	Country	Zip	Country

9. Name and Address of Current Registered Agent GREEN, ELIZABETH A ESQ. 7700 NORTH KENDALL DR. SUITE 200 MIAMI FL 33156	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City FL 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)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number
DESIGN CORPORATION OF AMERIC	7700 NORTH KENDALL DR	MIAMI FL 33156	M33280
GREEN VISTA APARTMENTS, INC.	490 OPA-LOCKA BLVD.,	OPA LOCKA FL 33054	P95000020988
CHRISTOPHER, MICHAEL	7250 SW 99TH TERRACE	MIAMI FL 33155	
HAYSER, CHARLES	7250 SW 99TH TERRACE	MIAMI FL 33155	

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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.

DESIGN CORPORATION OF AMERICA, II, a Florida corporation, its General Partner

SIGNATURE By *Elizabeth A. Green* DATE **12/16/96**

Typed or Printed Name of General Partner Signing Form **Elizabeth A. Green, Secretary** Daytime Telephone Number **(305) 670-1000**

CRE2003 (6/95)