

**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 NOV -1 AM 9:31

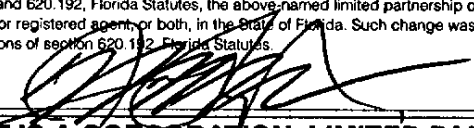
1. Name of Limited Partnership TAPLIN FALLS, LTD.	1a. DOCUMENT # A95000001322
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Mailing Address POST OFFICE BOX 822100 SOUTH FLORIDA FL 33082-2100	Principal Office Address 1001 SOUTH BAYSHORE DRIVE, SUITE 2100 MIAMI FL 33131	3. Date Formed or Registered 09/06/1995	5a. Capital Contributions as Shown on record. \$5,250,000.00
2. Mailing Address 13651 NW 4th ST	2a. Principal Office Address	3a. Date of Last Report 03/20/1996	5b. Amount of Capital Contributions in FLORIDA to date:
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. State or Country of Formation FL	
City & State PEMBROKE PINES FL	City & State F	6. FEI Number 65-0607182	☐ Applied For ☐ Not Applicable
Zip 33028	Country Broward	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 TAPLIN, JAY A ESQ. 1500 SAN REMO AVE., SUITE 220 CORAL GABLES FL 33131	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City
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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 _____

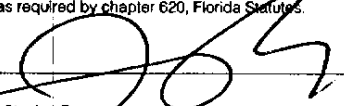
**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s) TAPLIN MEADOWS DEVELOPMENT C	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 1001 SOUTH BAYSHORE D	11b. City, State & Zip Code MIAMI FL 33131	11c. Registration/Document Number P95000000335
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******576.25 ****576.25**
KWM

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 _____

CR2E003 (6/96)