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

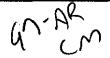
Sandra Mortham

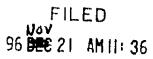
Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

A9600000604

LAKE POINT CENTRE ASSOCIATES, LTD.





SECRETARY OF STATE TALLAHASSEE, FLORIDA

3. Date Formed or Registered



58. Capital Contributions as

ng Address O KONOVER & ASSOCIATES SOUTH, INC. OO WEST PALMETTO PARK ROAD, SUITE 408 Principal Office Address C/O KONOVER & ASSOCIATES SOUTH, INC. 7000 WEST PALMETTO PARK ROAD, SUITE 408		3. Date Formed or Registered 03/28/1996 3a. Date of Last Report	Shown on record.	01	
BOCA RATON FL 33433	BOCA RATON FL 33433		Date of Last Report	5b. Amount of Capital	<u>≃</u>
			4. State or Country of Formation	5b. Amount of Capital Contributions in FLORIDA to date	
2. Mailing Address	2a. Principal Office Address		FL FL	3,450,000.	20
Suite, Apt #, etc.	Suile, Apt. #, etc.		6. FEI Number 65-0658429	Applied For Not Applicable	
City & State	City & State		7. Certificate of Status Desired	\$8.75 Additiona	—⊢
Zip Country	Zip Country		8. Make check payable to: Dept. of	Fee Required opt. of State (See reverse side for fee information)	
9. Name and Address of Current	Registered Agent		10. If changed, new Registere	d Agent/Office	
STEINMARK, FRED P		Name			_
C/O KONOVER & ASSOCIATES SOUTH, INC. 7000 WEST PALMETTO PARK ROAD, SUITE 408 BOCA RATON FL 33433		Street Address (P.O. Box Number Is Not Acceptable)			
		Suite, Apt. #, etc.			
		City FL Zip Code			
A GENERAL PARTNER THAT MUS	<u> FBE REGISTERED AND</u>	O ACTIVE	ARTNERSHIP OR OTHE WITH THIS OFFICE.	R BUSINESS ENTIT	ΓY
11. Name(s) of General Partner(s)	Address of Each General 11a. (Do NOT Use Post Office Bo	Partner x Numbers)	b. City, State & Zip Code	11c. Registration/ Document Number	
K. SOUTH, INC.	7000 W. PALMETTO PAR	K,#408	BOCA RATON FL 33422	P95000085418	CR2E003 (6/96)
•			6000021 -12/05/	021086 /9601063031	I -
•			非非非本 5	76.25 *****576.25	
Note: General partners MAY NOT	be changed on this form	; an amend	lment must be filed to ch	ange a general partne	r.
12. I do hereby certify that the information supplied with the Corporations from any Lability of non-compliance with this annual report is true and accurate and that my sign empowered to execute this report as required by chains.	n Section 119.07(3)(k) in the event that the inlignature shall have the same legal effects as pter 620, Fiorida Statutes.	formation supplied if made under oath.	s deemed exempt from public access. I furth I further certify that I am a General Partner o	ner certify that the information indicate if the limited partnership, receiver or to	
SIGNATURE Partner Signing Form	&. Whenfell	2	DATE	11/6/96	
Typed or Printed Name of General Partner Signing Form	VARIA S. HSHENFELTE	R, VPOF	G.F. Daytime Telephone Number	561) 394-4224	

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