## FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS FILED

98 DEC 23 PM 4: 30

1. Name of Limited Partnership		1a. DOCUMENT # A96000001086			SECRETARY OF STATE TALLAHASSEE, FLORIDA			
VISTA LAKES HOMES LIMI'	TED							
Mailing Address	Principal Office Address	Principal Office Address		3. Date Formed or Registered	5a. Capital Contributions as Shown on record.			
15292 SW 17 ST	15292 SW 17 ST			06/06/1996	- \$977,253.00			
DAVIE FL 33326	DAVIE FL 33326	DAVIE FL 33326		3a. Date of Last Report				
				12/26/1997  4. State or Country of Formation	5b. Amou Contr	int of Capital ibutions in FLOI	RIDA	
2. Mailing Address	2a. Principal Office Address	2a. Principal Office Address				ψ.		
Suite, Apt. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		FL 6, FEI Number	<u> </u>	Applied I		
City & State	City & State	<del></del>		65-0678564		Not Appl		
		- Otmi		7. Certificate of Status Desired	12/	\$8.75 Ac	ditional	
Zip Country	Zip	Country		8. Make check payable to: Dept. of	State (See reve			
9. Name and Address of C	Current Registered Agent	1		10, If changed, new Registere	1 Agent/Office			
		Name						
DAVENPORT, RICHARD A 15292 SW 17 ST		Street Add	ess (P.O. Bo	(P.O. Box Number Is Not Acceptable)				
DAVIE FL 33326		Suite, Apt. #, etc.						
		City			FL	Zip Code		
	051 and 620.192, Florida Statutes, the above-ner ice or registered agent, or both, in the State of Fl gations of section 620.192, Florida Statutes.							
SIGNATURE (Registered Agent Accepting Appointment	······································		DADT	DATE	D DUG	UEOO E	LTITY	
A GENERAL PARTNER TH	UST BE REGISTERED A				K BUSI	NESS EI	MIIIY	
11. Name(s) of General Partner(s)	11a. Address of Each Gene (Do NOT Use Post Office		11b.	City, State & Zip Code	11c.	Registrat Document N		
DAVENPORT, RICHARD A	15292 SW 17 ST		DAV	/IE FL 33326				
VISTA DEVELOPMENT INC.	5901 SW 82 ST.		SOL	****5	/9901 35 .00	07801 ****535	5 .00	
				T.J.C	AAN .	1125	<b>99</b> 9	
Note: General partners MAY N	NOT be changed on this for	m; an am	endme	nt must be filed to ch	ange a g	eneral pa	rtner.	
12. I do hereby certify that the information supplied	with this filing is voluntarily furnished and does now with Section 119.07(3)(k) in the event that the							

this annual report is true and accurate and that my signature shall have the same legal effects as if made under eath. 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	11147)		DATE	
<del></del>	7 4.0	rd A. Davenport	Daytime Telephone Number 954	382-0020
Typed or Printed Name of General F	Partner Signing Form	TO HI LUBINION	_ Daytime Telephone Number	<u> </u>