## 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

1a. DOCUMENT # **A9600001343** 

7,0000

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

96 DEC 26 PH 4: 23 1/2



BARDENS ON THE FAIRWAY, LTD.						
Mailing Address 7900 GLADES ROAD. SUITE 420	Principal Office Address 7900 GLADES ROAD. SUITE 420 BOCA RATON FL 33434		3. Date Formed or Registered 07/16/1996	5a. Capital Contributions as Shown on record		
BOCA RATON FL 33434			3a. Date of Last Report	1		
			4. State or Country of Formation	5b. Amor Contr to da	int of Capital ibutions in FLORIDA	
2. Mailing Address	2a. Principal Office Address		FL	*5,500,000.00		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		6. FEI Number	Applied For  Not Applicable		
City & State	City & State		7. Certificate of Status Desired			
tip Country Zip C		Country		\$8.75 Additional Fee Required    State (See reverse side for lee information)		
9. Name and Address of Currer	nt Registered Agent		10. If changed, new Registere	d Agent/Office	-	
TOPPEL, MICHAEL		TOPPEL, JONATHAN				
7900 GLADES ROAD, SUITE 420 BOCA RATON FL 33434		Street Address (P.O. Box Number Is Not Acceptable) 7900 GLADES ROAD				
		Suite, Apt. #, etc. SUITE 420				
		City BOCA RATON		FL	Zip Code 33434	
SIGNATURE (Registered Agent Accepting Appointment).  A GENERAL PARTNER THAT	IS A CORPORATION, LET BE REGISTERED AN				Z = /9( NESS ENTITY	
11. Name(s) of General Partner(s)	11a. (Do NOT Use Post Office Bo			11c.	Registration/ Document Number	
GARDENS ON THE FAIRWAY, INC.	7900 GLADES ROAD, SUI		BOCA RATON FL 33434		P96000059500	
			300002: -01/03 ****\$	0 <b>4 5</b> 3 797 - 01 761 25	8830 137005 ****\$76.25	
Note: General partners MAY NO  12. I do hereby certify that the information supplied with Corporations from any liability of non-compliance withins annual report is true and accurate and that my empowered to execute this report as required by children.	n this filing is votuntarily furnished and does no ith Section 119 07(3)(k) in the event that the in signature shall have the sany≱ legal effects as	ot qualify for the exemp formation supplied is	otion stated in Section 119.07(3)(k), Florida deemed exempt from public access. Hurt	Statutes. I rel her certify that	ease the Division of the information indicated on	
SIGNATURE \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Toppe		DATE			
Typed or Printed Name of General Partner Signing Form .	$\mathcal{O}$		Daytime Telaphone Number	561) 1	151-4696	
Typed of Printed Name of General Parties Signing Point			Daytine relapitorie number		0008619	