

**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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 DEC -9 AM 10:11

12/11

1. Name of Limited Partnership

1a. DOCUMENT #
A96000001672

Village Green Apartment Management, Ltd.

400002026974--8
-12/12/96--01024--008
***191.25 ***191.25

Mailing Address

Principal Office Address

3. Date Formed or Registered
9/4/96

5a. Capital Contributions as Shown on record
-0-

3a. Date of Last Report
n/a

5b. Amount of Capital Contributions in FLORIDA to date:
-0-

4. State or Country of Formation
Florida

2. Mailing Address

2a. Principal Office Address

500 Fedhaven Circle

500 Fedhaven Circle

Suite, Apt. #, etc.

Suite, Apt. #, etc.

6. FEI Number

Applied For
 Not Applicable

City & State

Fedhaven, FL

City & State

Fedhaven, FL

7. Certificate of Status Desired

\$8.75 Additional Fee Required

Zip Country
33854

Zip Country
33854

8. Make check payable to: Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent

10. If changed, new Registered Agent/Office

Mark R. Rubin
777 Arthur Godfrey Road
Miami Beach, FL 33140

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, etc.

City

FL

Zip Code

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

Lakehaven Apartments, Inc.

500 Fedhaven Circle

Fedhaven, FL 33854

P96000009814

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

Lakehaven Apartments, Inc.

12/2/96

Typed or Printed Name of General Partner Signing Form

by: Mark R. Rubin, President

Daytime Telephone Number

305-538-4314

CR2E003 (6/96)