## FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra Mortham

Secretary of State DIVISION OF CORPORATIONS

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1997

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1. Name of Limited Partnership	1a.	DOCUMI			97 JAN	21 AMII	•		
PLANTATION TOWNE		***************************************				•			
Mailing Address 1655 Dreyel Ave., Soite 208 Micmi Beach Fl 33139	Principal Olf	ce Address	Suite 7	267	3. Date Formed of	. * '	Shown	Contributions as on record.	
Miemi Beach Fl 33139	Miam	, 132464 F	- 3313	•7	3a. Date of Last F	Report		ot of Capital	
2. Mailing Address	2a. Princis	oal Office Address			4. State or Country	of Formation	10 0816		
	`	Thirtipal Smoot Houress			F L  6. FEI Number		5,0	00.00	
Suite, Apt. #, etc.  City & State	Suite, Apt. #	, etc.						Applied For Not Applicable	е
		City & State			7. Certificate of Sta	atus Desired	0	\$8.75 Addition Fee Required	al
Zip Country	Zip		Country		8. Make check pa	yable to: Dept. of S	tate (See reve	<u> </u>	nation
9. Name and Address of Current	Registered Ageni		T		10. If change	d, new Registered	Agent/Office		<u>,</u>
Merris Rapport			Name -						
			Street Address (P.O. Box Number Is Not Acceptable)						
Miami Beach Fl	3313	3 1 3 7 Suite, Apt. #, etc.							
			City FL Zip Coc			Zip Code			
10a. Pursuant to the provisions of sections 620,1051 and for the purpose of changing its registered office or ragent. Lam familiar with, and accept the obligations	egistered agent, o	r both, in the State of Flor							
SIGNATURE (Registered Agent Accepting Appointment)  A GENERAL PARTNER THAT	IS A COR	PORATION, L					BUSIN	IESS ENTI	TY
11. Namo(s) ol General Partner(s)		ISTERED AN Address of Each Genera				······	110	Registration/	
PLANTATION TOWNS MALL INC	1655	NOT Use Post Office Bo	Numbers)	Mian	ni Beach	FL 33139	P9500	0 6 0 1 9 6 9	<i>T</i>
					50	0002 -01/24 ****1	<b>068</b> /970 \$6,25	465 1115005 ****156.	5 3 25
Note: General partners MAY NOT							<del></del>		er.

12.	I do hereby certily that the information sur	pplied with this filing is v	oluntarily furnished and does	not qualify for the exemption stated in Section 119	9.07(3)(k), Florida S	tatutes. I release the Division	of
	Corporations from any liability of non-com	pliance with Section 11!	9.07(3)(k) in the event that the	information supplied is deemed exempt from put	blic access. I further	r certify that the information in	idicated on
	this annual report is true and accurate an	d that my signature shal	I have the same legal effects a	is if made under oath. I further certily that I am a (	General Partner of t	he limited partnership, receiv	er or trustee
	empowered to execute this report as requ	ured by chapter 620, Fig	orida Statutes.	/			
				/			
	NATURE - 2000		apport			1/7/97	
SIC	MATURE - 16 CO	The De	will colored		DATE	4 1/ 1/ 1/	

Typed or Printed Name of General Partner Signing Form CLANTA 71 ON TOWN ( MALL Daytime Telephone Number (305) 672-773