

**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. Northam
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 SEP 23 AM 10: 03

1. Name of Limited Partnership
ASHTON - MIAMI LAKES, LTD.

1a. DOCUMENT #
A97000001068



Mailing Address 3493 N.W. 167TH STREET MIAMI FL 33056	Principal Office Address 6175 N.W. 153RD STREET MIAMI LAKES FL 33014	3. Date Formed or Registered 05/13/1997	5a. Capital Contributions as Shown on record. \$500.00
2. Mailing Address Suite, Apt. #, etc.	2a. Principal Office Address Suite, Apt. #, etc.	3a. Date of Last Report 10/20/1997	5b. Amount of Capital Contributions in FLORIDA to date:
City & State	City & State	4. State or Country of Formation FL	6. FEI Number <u>65-0759100</u> <input type="checkbox"/> Applied For APPLIED FOR <input type="checkbox"/> Not Applicable
Zip Country	Zip Country	7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	8. Make check payable to: Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent WEISZ, MICHAEL O ESQ. 901 PONCE DE LEON BLVD. SUITE 701 CORAL GABLES FL 33130	10. If changed, new Registered Agent/Office Name: 000002647360 -09/23/98--01079--002-3 Street Address (P.O. Box Number is Not Acceptable): ****141.25 ****141.25 Suite, Apt. #, etc.: Suite 601 City: FL Zip Code:
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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
ASHTON-PALMETTO PALMS, INC.	3493 N.W. 167TH STREE	MIAMI FL 33056	P98000039464 <i>[Signature]</i>

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 *[Signature]* DATE **9-16-98**
Typed or Printed Name of General Partner Signing Form **H. J. Stroehmann** Daytime Telephone Number **202 783-3800**

CR2E003 (8/98)