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

1. Name of Limited Partnership

DOCUMENT# B97000000024

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

| POINCIANA LAKE APARTMENTS LIMITED PARTNERSHIP | | | | | | | |
|---|---|------------------|---|---|----------------------------|--|----------------|
| Mailing Address 848 BRICKELL AVENUE. SUITE 810 MIAMI FL 33131 | Principal Office Address 848 BRICKELL AVENUE, SUITE 810 MIAMI FL 33131 | | | 12/09/1996 \$3,663 3a. Date of Last Report 02/09/1998 5b. Amount of Contribution | | tal Contributions as who on record. 663,000.00 unt of Capital ributions in FLORIDA | |
| 2. Mailing Address | 2a. Principal Office Address | | | 4. State or Country of Formation DE | 703,000 =0 | | |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | | | 6. FEI Number 65-0725715 | Applied For Not Applicable | | |
| City & State | City & State | | | 7. Certificate of Status Desired | \$8.75 Additional | | |
| Zip Country | Zlp Country | | | Fee Required 8. Make check payable to: Dept. of State (See reverse side for fee information) | | | |
| O Name and Address of Course Paristered Acres | | | | 40 // | | | |
| 9. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY | | | 10. If changed, new Registered Agent/Office Name | | | | |
| 1201 HAYS STREET | | | | x Number is Not Acceptable) | 740 | 7327 | 3 |
| TALLAHASSEE FL 32301-2525 | | Suite, Apt. # | , etc. | ****2 | | ****526.25 | |
| | | | City FL Zip Code | | | | |
| 10a. Pursuant to the provisions of sections 620.1051 and 6 for the purpose of changing its registered office or reg agent. I am familiar with, and accept the obligations of SIGNATURE (Registered Agent Accepting Appointment) A GENERAL PARTNER THAT IS MUST | Istered agent, or both, in the State of Florid f section 620.192, Florida Statutes. S A CORPORATION, L BE REGISTERED ANI | III. Such change | PART | rized by its general partner(s). I hereby DATE_ NERSHIP OR OTHER | accept the ap | ppointment of registered | |
| 11. Name(s) of General Partner(s) | 11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 11b. | | 11b. | City, State & Zip Code | 11c. | Registration/ Document Number | |
| DAYCO OF SOUTH FLORIDA CORP. | 848 BRICKELL AVENUE, | | MIAMI FL 33131 | | | | CR2E003 (8/98) |
| Note: General partners MAY NOT b | e changed on this form | ; an ame | ndmen | t must be filed to char | nge a ge | eneral partner. | |
| 12. I do hereby certify that the information supplied with this corporations from any tabulty of not dominate with Se this annual report is true and a sturfle and that my signate empowered to execute this report as required by chapter SIGNATURE | ction 119.07(3)(k) in the event that the info ture shall have the same legal practs as if | rmation supplie | d is deemed | exempt from public access. I further o | artify that the | information indicated on | 9 |
| Typed or Printed Name of General Partner Signing Form | | | | | | | |
| | / | | | | | | |