LIMITED PARTNERSHIP ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

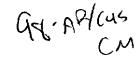
Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

SIGNATURE

1a. DOCUMENT # **A12468** 

SHADETREE APARTMENTS, LTD.



FILED

97 DEC -3 PM 2: 32

SECRETARY OF STATE TALLAHASSEE, FLORIDA



5a. Capital Contributions as

| Mailing Address  | ess Principal United Audiess                      |  |               |                                      |   | Shown on record.                  |           |
|--|---|--|---------------|--------------------------------------|---|-----------------------------------|-----------|
| 400 E SOUTH ST   | 400 E SOUTH ST                                    | 400 E SOUTH ST<br>SUITE 500                        |               | 05/06/1982                           |   | <b>64 700 007 00</b>              |           |
| UITE 500   | SUITE 500   |  |               | 38. Date of Last Report              | \$1,738,685.00                                    |                                   |           |
| RLANDO FL 32901  | ORLANDO FL 32801                                  |  |               | 03/31/1997                           | 5b. Amount of Capital<br>Contributions in FLORIDA |                                   |           |
|  |   |  |               | 4. State or Country of Formation     | Cont<br>to da                                     | ributions in FLORIDA<br>le:       |           |
| 2. Mailing Address   | 2a. Principal Office Address                      | 28. Principal Office Address                       |               | FL                                   | \$1,738,685.00                                    |                                   |           |
| Sulte, Apt. #, etc.  | Suite, Apt. #, etc.                               |  |               | 6. FEI Number 59-2207561             | Applied For                                       |                                   |           |
| City & State   | City & Stato                                      | City & State                                       |               | 7. Certificate of Status Desired     |   | Not Applicable                    |           |
| ip Country   | Zip   | Zip Country  |               |                                      |   | \$8.75 Additional<br>Fee Required |           |
|  |   |  |               | 8. Make check payable to: Dept. o    | f State (Soo reverse side for fee informatie      |                                   |           |
|  |   |  |               | 46                                   |   |                                   |           |
| 9, Name and Address of Current Registered Agent  |   | 10. If changed, new Registered Agent/Office Name   |               |                                      |   |                                   |           |
| SENEFF, JAMES M JR<br>400 EAST SOUTH STREET  |   | Streel Address (P.O. Box Number Is Not Acceptable) |               |                                      |   |                                   |           |
|  |   |  |               |                                      |   |                                   | SUITE 500 |
| ORLANDO FL 32801   |   | City   |               |                                      | Zip Code  |                                   |           |
|  |   |  |               |                                      | FL  | ,                                 |           |
| SIGNATURE (Registered Agent Accepting Appointment  A GENERAL PARTNER THA   | ·   |  |               |                                      |   | NESS ENTITY                       |           |
| 1. Name(s) of General Partner(s)   | Address of Each Gene                              | Address of Fash Constal Partner                    |               | City, State & Zip Code               | 11c.  | Registration/<br>Document Number  |           |
| SE APARTMENT CORPORATION   | 400 E. SOUTH STREET,                              | 400 E. SOUTH STREET,                               |               | ORLANDO FL 32801                     |   | L92379                            |           |
|  |   |  |               | 000002<br>-12/0<br>*****             | 2366<br>97970<br>550.00                           | 6605<br>1038016<br>****50.00      |           |
| Note: General partners MAY N   | OT be changed on this for                         | m: an am   | endme         |                                      |   |                                   |           |
|  |   |  |               | <del></del>                          |   | <del></del>                       |           |
| <ol> <li>I do hereby certify that the information supplied w<br/>Corporations from any liability of non-compliance<br/>this annual report is true and accurate and that m</li> </ol> | with Section 119 Q7(3)(k) in the event that the i | information supp                                   | plied is deen | od exempt from public access. I furt | her certify that t                                | he information indicated c        |           |

. President Daytime Telephone Number \_

/////97 407) 422-1574