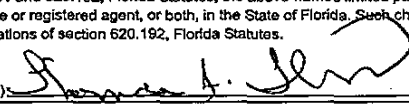


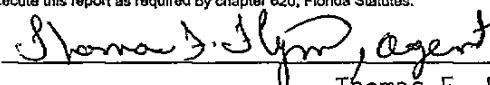
FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED 98 NOV 12 PM 3:43 SECRETARY OF STATE TALLAHASSEE, FLORIDA 	
1. Name of Limited Partnership COLONIAL PINES APTS., LTD.		1a. DOCUMENT # A14991			
Mailing Address 2424 ENTERPRISE ROAD, SUITE G CLEARWATER FL 33763		Principal Office Address 2424 ENTERPRISE ROAD, SUITE G CLEARWATER FL 33763		3. Date Formed or Registered 07/26/1983 3a. Date of Last Report 02/02/1998 4. State or Country of Formation FL	
2. Mailing Address 516 Lakeview Road Suite, Apt. #, etc. Unit 8 City & State Clearwater, Florida Zip Country 33756 Pinellas USA		2a. Principal Office Address 516 Lakeview Road Suite, Apt. #, etc. Unit 8 City & State Clearwater, Florida Zip Country 33756 Pinellas USA		5a. Capital Contributions as Shown on record. \$22,438.00 5b. Amount of Capital Contributions in FLORIDA to date: \$8.75 Additional Fee Required	
				6. FEI Number 59-2393143 ☐ Applied For ☐ Not Applicable	
				7. Certificate of Status Desired ☒ \$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 FLYNN MANAGEMENT CORPORATION 2424 ENTERPRISE ROAD, SUITE G CLEARWATER FL 33763		10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) 516 Lakeview Road Suite, Apt. #, etc. Unit 8 City Clearwater FL Zip Code 33756	
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 10/28/98	
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) YAUGHN, STEPHEN	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 2743 W. OLD US HWY. 4 1324 Sylvan Drive	11b. City, State & Zip Code MOUNT DORA FL 32757	11c. Registration/Document Number 800002691368--0 -11/19/98--01090--008 ****255.00 ****255.00 AL NOV 16 1998

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 10/28/98
 Typed or Printed Name of General Partner Signing Form Thomas F. Flynn, Agent Daytime Telephone Number 727-449-1182 Ext. 211

CR2E003 (8/98)