

**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  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

98 OCT - 1 PM 1:39

1. Name of Limited Partnership		1a. DOCUMENT # <b>A16710</b>	
1850 APARTMENT ASSOCIATES, LTD.			
Mailing Address		Principal Office Address	
1850 NE 48TH ST. SUITE 136 POMPANO BEACH FL 33064		1850 NE 48TH ST. SUITE 136 POMPANO BEACH FL 33064	
2. Mailing Address		2a. Principal Office Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip Country		Zip Country	
3. Date Formed or Registered		5a. Capital Contributions as Shown on record.	
03/28/1984		\$1,744,956.33	
3a. Date of Last Report		5b. Amount of Capital Contributions in FLORIDA to date:	
03/04/1998			
4. State or Country of Formation			
FL			
6. FEI Number		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
59-2388681			
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		10. If changed, new Registered Agent/Office	
HUME & JOHNSON, P.A. 1401 UNIVERSITY DR. SUITE 301 CORAL SPRINGS FL 33071		Name 4000002655734-4	
		Street Address (P.O. Box Number Is Not Acceptable) 10/05/98--01092--020	
		Suite, Apt. #, etc. ****526.25 ****526.25	
		City FL Zip Code	
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
KILBRTIDE INT'L LEASING & IN	P. O. BOX 168	GREENVILLE VA 24440	F96000004886
 CRZE003 (8/98)			

**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 **09-25-98**

Typed or Printed Name of General Partner Signing Form **KENNETH D. PITKIN** Daytime Telephone Number **954-782-3700**