

FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
1. Name of Limited Partnership		1a. DOCUMENT # A21847	
ROUSE-TEACHERS HARBOURSIDE LIMITED PARTNERSHIP 128			
Mailing Address % ANGELA MEASE 10278 LITTLE PATUXENT PARKWAY COLUMBIA MD 21044-3456		Principal Office Address % ANGELA MEASE 10275 LITTLE PATUXENT PARKWAY COLUMBIA MD 21044-3456	
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 01/17/1986	
		3a. Date of Last Report 10/11/1996	
		4. State or Country of Formation MD	
		5a. Capital Contributions as Shown on record. \$11,220,137.00	
		5b. Amount of Capital Contributions in FLORIDA to date: 11,220,137.00	
		6. FEI Number 54-1444426 ☐ 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		10. If changed, now Registered Agent/Office	
C T CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. 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
*HUNT VALLEY TITLE HOLDING CO ROUSE-TEACHERS PROPRIETIE	10275 LITTLE PATUXENT 10275 LITTLE PATUXENT	COLUMBIA MD COLUMBIA MD	F96000000793 P00792
		400002424344--2 -02/09/98--01002--010 ****541.25 ****541.25 KWM	
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 John J. Szymanski Typed or Printed Name of General Partner Signing Form		DATE 9/18/97 Daytime Telephone Number 410-992-6468	

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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