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

1. Name of Limited Partnership

1a. DOCUMENT # A21847 FILED

98 OCT 27 AM 9: 33

SECRETAR LUT STATE A
TALLAHASSEE, FLORIDA

ROUSE-TEACHERS HARBOURSIDE LIMITED PARTNERSHIP

Mailing Address	Principal Office Address		3. Date Formed or Registered	5a. Capital Contributions as Shown on record.	
% ANGELA MEASE	% ANGELA MEASE		01/17/1986		
10275 LITTLE PATUXENT PARKWAY	10275 LITTLE PATUXENT PARKWAY		3a. Date of Last Report	 \$11,220,137.00	
COLUMBIA MD 21044-3456	COLUMBIA MD 21044-3456		· ·		
	COLUMN INC LIGHT ONCE		01/28/1998	5b. Amount of Capital Contributions in FLORIDA	
			4. State or Country of Formation	Contributions in FLORIDA to date:	
2. Mailing Address	2a. Principal Office Address		State of Country of Formation		
	·		MD	NONE	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		6. FEI Number		
			54-1444426	Applied For	
City & State	City & State		34-1444420	Not Applicable	
			7. Certificate of Status Desired	\$8.75 Additional	
Zip Country	Zip Country			Fee Required	
			8. Make check payable to: Dept. of S	State (See reverse side for fee information)	
		· · · · · · · · · · · · · · · · · · ·			
9. Name and Address of Current Re	gistered Agent		10. If changed, new Registered	Agent/Office	
Name		Name			
C T CORPORATION SYSTEM					
1200 S. PINE ISLAND ROAD	Street Addre		ress (P.O. Box Number is Not Acceptable)		
PLANTATION FL 33324	Suite, Apt. #,		2 00		
FLANTATION FL 30324	Suite, Apt. #, 6			l l	
		City		Zip Code	
				FL	
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 Genera (Do NOT Use Post Office Bo	Partner	City, State & Zip Code	11c. Registration/	
	(50 110 1 550 1 551 511 511 515	X 110.11.0010)		- Cocamon rumbor	
HUNT VALLEY TITLE HOLDING CO	10275 LITTLE PATUXENT		COLUMBIA MD	F96000000793	
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Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.					

2. 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.

DATE (// 10)

____ Daytime Telephone Number ____

(410) 992-6000