

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 DEC 26 AM 9:37

1. Name of Limited Partnership

1a. DOCUMENT #
A30432

CURTISS AVENUE ASSOCIATES LIMITED PARTNERSHIP



CP118

Mailing Address

ATTN: ROBERT BRADLEY
1950 OLD GALLOWS RD., #555
VIENNA VA 22182

Principal Office Address

ATTN: ROBERT BRADLEY
1950 OLD GALLOWS RD., #555
VIENNA VA 22182

3. Date Formed or Registered

07/27/1990

5a. Capital Contributions as Shown on record.

\$287,000.00

3a. Date of Last Report

01/07/1997

5b. Amount of Capital Contributions in FL OR DA to date:

4. State or Country of Formation

FL

2. Mailing Address

2a. Principal Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. FEI Number

65-0207581

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

SMUCKER, DONALD ESQUIRE
10353 FRUITVILLE RD
SARASOTA FL 34240

10. If changed, now Registered Agent/Office

Name: **STEVEN BRADLEY**
Street Address (P.O. Box Number Is Not Acceptable):
1901 MORRILL ST
Suite, Apt. #, etc.

City: **SARASOTA** Zip Code: **FL 34236**

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)

[Signature]

DATE: **12/29/97**

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)

SARASOTA PROPERTY MANAGEMENT

11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)

1950 OLD GALLOWS ROAD

11b. City, State & Zip Code

VIENNA VA 22182

11c. Registration Document Number

V03006

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-01/09/98--01063--018
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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

[Signature]
ROBERT BRADLEY

DATE: **12/1/97**

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number **703-893-0101**

CR2EC03 (6/97)