

**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 DEC 30 AM 9:04

1. Name of Limited Partnership

1a. DOCUMENT #  
**A93000001337**

RELATED/GMN TEAL, LTD.



Mailing Address

C/O INSIGNIA FINANCIAL GROUP, INC.  
P.O. BOX 1089  
GREENVILLE SC 29602

Principal Office Address

C/O INSIGNIA FINANCIAL GROUP, INC.  
P.O. BOX 1089  
GREENVILLE SC 29602

3. Date Formed or Registered

12/14/1993

5a. Capital Contributions as Shown on record.

\$695.00

3a. Date of Last Report

01/02/1998

5b. Amount of Capital Contributions in FLORIDA to date:

\$695

4. State or Country of Formation

FL

6. FEI Number

65-0454741

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)

\$141.25

9. Name and Address of Current Registered Agent

SF GENERAL, INC.  
C/O INSIGNIA FINANCIAL GROUP, INC.  
2300 GLADES ROAD, SUITE 310 WEST  
BOCA RATON FL 33431

10. If changed, new Registered Agent/Office

Name: CORPORATION SERVICE COMPANY  
Street Address (P.O. Box Number Is Not Acceptable): 1201 HAYS STREET  
Suite, Apt. #, etc.:  
City: TALLAHASSEE FL Zip Code: 32301

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.

Karen B. Rozar, Asst. Sec.

SIGNATURE (Registered Agent Accepting Appointment)

*Karen B. Rozar*

Corporation Service Company

DATE

12/30/98

**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)

RELATED HOMESTEAD, INC.  
SF GENERAL, INC.

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

2828 CORAL WAY, PENTH  
P.O. BOX 1089

11b. City, State & Zip Code

MIAMI FL 33145  
GREENVILLE SC 29602

11c. Registration/Document Number

P93000082828  
F97000001937

000002730830--3  
-01/05/99--01078--001  
\*\*\*\*141.25 \*\*\*\*141.25

**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

By: *Scott [Signature]*  
General Partner

DATE

SCOTT [Signature]

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

404 288 8461

CR2E003 (8/98)