

**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

98 DEC 29 PM 4: 30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



1. Name of Limited Partnership
1a. DOCUMENT #
A94000000430

ASHLEY POINT PARTNERS, LTD.

Mailing Address C/O RENTAL HOUSING PRESERVATION CORP. 121 SOUTH ESTES DRIVE, SUITE 101 CHAPEL HILL NC 27514		Principal Office Address 4255 BARWOOD DRIVE ORLANDO FL 32809		3. Date Formed or Registered 03/31/1994	5a. Capital Contributions as Shown on record. \$246,289.00
2. Mailing Address		2a. Principal Office Address		3a. Date of Last Report 12/11/1997	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. State or Country of Formation FL	5b. Amount of Capital Contributions in FLORIDA to date: \$ 100,000
City & State		City & State		6. FEI Number 56-1871383	
Zip		Zip		7. Certificate of Status Desired <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	8. Make check payable to: Dept. of State (See reverse side for fee information) \$26.25
Country		Country		7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	10. If changed, new Registered Agent/Office	
	Name	
	Street Address (P.O. Box Number is Not Acceptable)	
	Suite, Apt. #, etc.	
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 General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number
ASHLEY POINT DEVELOPMENT, IN	121 SOUTH ESTES DRIVE	CHAPEL HILL NC 27514	P94000023937
<p>900002745029--6 -01/15/98--01127--014 ***526.25 ***526.25 T.J.C. JAN 1 1999</p>			

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 *M. Joseph Hakan* DATE Dec 18, 1998
Typed or Printed Name of General Partner Signing Form M. Joseph Hakan Daytime Telephone Number 919-933-1333

CR2E003 (8/98)