

**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  
97 NOV 10 AM 10: 21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. Name of Limited Partnership

1a. DOCUMENT #  
**A96000001283**

THE HATTERAS APARTMENTS, LTD.

98-AR  
CM



Mailing Address

2337 GOLFBROOK DR  
WELLINGTON FL 33414

Principal Office Address

503 S.E. 20 AVENUE. #6-B  
BOYNTON BEACH FL 33435

3. Date Formed or Registered

07/01/1996

5a. Capital Contributions as Shown on record.

\$300,000.00

3a. Date of Last Report

12/20/1996

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

4. State or Country of Formation

FL

2. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

2a. Principal Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. FEI Number

59-1740355

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

ROSEN, PAUL  
2337 GOLFBROOK DR  
WELLINGTON FL 33414

10. If changed, new Registered Agent/Office

Name

Street Address (P.O. Box Number Is Not Acceptable)

000002349650--8

Suite, Apt. #, etc.

-11/17/97--01156--001

City

\*\*\*541.25 FL \*\*\*541.25

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)

THE HATTERAS APARTMENTS, INC

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

2337 GOLFBROOK DR

11b. City, State & Zip Code

WELLINGTON FL 33414

11c. Registration/Document Number

P96000041487

**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

*Paul Rosen*

DATE

11-6-97

Typed or Printed Name of General Partner Signing Form

PAUL ROSEN PRES

Daytime Telephone Number

561-790-7453

CR2E003 (6/97)