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 # A97000001150 FILED SECRETARY OF STATE DIVISIONS

98 DEC 29 PM 3: 53

47/13

NORTH DRIVE LIMITED PARTNERSHIP	
---------------------------------	--

Mailing Address C/O Terri D. Klatzkin 7500 OLD GEORGETOWN ROAD, 15th floor BETHESDA MD 20814	Principal Office Address C/O Terri D. Klat 7500 OLD GEORGETOWN ROAD BETHESDA MD 20814	3. Date Formed or Registered 05/22/1997 3a. Date of Last Report 03/04/1998 4. State or Country of Formation	5a. Capital Contributions as Shown on record. \$990.00 5b. Amount of Capital Contributions in FLORIDA to date:				
2. Mailing Address	2a. Principal Office Address	FL.	\$990.00				
Suite, Apt. #, etc.	Suite, Apt. #, etc.	6. FEI Number 52-2039473		Applied For Not Applicable			
City & State	City & State		7. Certificate of Status Desired		\$8.75 Additional		
Zip Country	Zip Country		Fee Required 8. Make check payable to: Dept. of State (See reverse side for fee information)				
9. Name and Address of Current Re	gistered Agent	10. If changed, new Registered Agent/Office					
CT CORPORATION SYSTEM Street Address (P.O.		Box Number Is Not Acceptable)					
1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	Suite, Apt. #, etc.						
		FL Zip Code					
10a. Pursuant to the provisions of sections 620.1951 and 620.1952, 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 Statutas. SIGNATURE (Registered Agent Accepting Appointment) DATE DATE MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.							
11. Name(s) of General Partner(s)	11a. Address of Each General	Partner Numbers) 11b.	City, State & Zip Code	11c.	Registration/ Document Number		
= CK REALTY, INC	7500 OLD GEORGETOWN R BE		THESDA MD 20814		3000005778		
CEI Realty, Inc. (Name change filed 6/1/98)			4000027 -01/15/ ****14	7451 98-01 1,25	3000005778 34		
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 filling 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 DATE 12/11/198							
By: CEI Realty, Inc., General Partner Typed or Printed Name of General Partner Signing Form Lawrence C. Nussdorf, President Daytime Telephone Number (301) 657-7100							