

**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
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
98 DEC 29 AM 9:27

1. Name of Limited Partnership COLLEGE VIEW APARTMENTS LIMITED PARTNERSHIP	1a. DOCUMENT # A98000001438
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Mailing Address P.O. BOX 13116 GAINESVILLE FL 32604	Principal Office Address 105 N.W. 16TH STREET GAINESVILLE FL 32609	3. Date Formed or Registered 06/10/1998	5a. Capital Contributions as Shown on record. \$7,500.00
		3a. Date of Last Report	
		4. State or Country of Formation FL	5b. Amount of Capital Contributions in FLORIDA to date: \$7,500
2. Mailing Address Suite, Apt. #, etc. City & State Zip	2a. Principal Office Address 200 N. Main St. Suite, Apt. #, etc. City & State Zip	6. FEI Number 59-3516247	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
		7. Certificate of Status Desired <input checked="" type="checkbox"/>	\$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 COLLIER, NATHAN S 105 N.W. 16TH STREET GAINESVILLE FL 32609	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) 200 N. Main Street Suite, Apt. #, etc. City FL Zip Code 32601
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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
COLLEGE VIEW APARTMENTS, INC	105 N.W. 16TH STREET 200 N. Main St.	GAINESVILLE FL 32609 32601	P98000052100
400002747074--5 -01/20/99--01015--014 ***150.00 ***150.00			

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 _____ DATE 11/23/98

Typed or Printed Name of General Partner Signing Form Nathan S. Collier, Pres. Daytime Telephone Number 352/375-2152

College View Apartments, Inc.

CR2E003 (8/98)