

**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
 Lara B. Wortham
 Secretary of State
 DIVISION OF CORPORATIONS

A98000002486

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 98 DEC 15 PM 1:05



1. Name of Limited Partnership WATERFORD POINTE APARTMENTS, LTD.		1a. DOCUMENT # A98000002486	
2. Mailing Address Post Office Box 4961 Orlando, FL 32802-4961		2a. Principal Office Address 3300 S. Hiawassee Road Suite 107 Orlando, FL 32835	
3. Date Formed or Registered 11/2/98		5a. Capital Contributions as Shown on record. \$50.00	
3a. Date of Last Report N/A		5b. Amount of Capital Contributions in FLORIDA to date. \$50.00	
4. State or Country of Formation Florida		6. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
7. Certificate of Status Desired <input 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 B&C Corporate Services of Central Florida Inc. 390 North Orange Avenue Suite 1100 Orlando, Florida 32801		10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code	

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
WATERFORD POINTE APARTMENTS, INC., a Florida corporation	3300 S. Hiawassee Rd. Suite 107	Orlando, FL 32835	P98000092850
500002719865--9 -12/22/98--01095--015 ****141.25 ****141.25 MC 12/15/98			

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.

By: Waterford Pointe Apartments, Inc. general partner
 SIGNATURE BY: Steven G. Kropp, Pres. *Steve Kropp* DATE 12/9/98
 Officer of General Partner Daytime Telephone Number (407) 297-1600

CR2E003 (8/98)