FILE ON OR BEFORE APRIL 9, 1997 TO AVOID REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1997

SOUTHEAST RESIDENTIAL PARTNERS, L.P.



FLORIDA DEPARTMENT OF STATE

Sandra Mortham

Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

a. DOCUMENT # B9600000346

FILED DIVISION OF CORPORATIONS

97 MAR 31 PM 3: 44



Mailing Address C/O AEC 120 WOOSTER STREET	Principal Office Address 1013 CENTRE ROAD WILMINGTON DE 19905		3, Date Formed or Registered 09/06/1996	5a. Capital Contributions as Shown on record.
NEW YORK NY 10012			3a. Date of Last Report	
				5b. Amount of Capital Contributions in FLORIDA
2. Mailing Address	2a. Principal Office Address		4. State or Country of Formation DE	to date:
Suite, Apt. #, etc.	Suite, Apt. #, etc.		6. FEI Number	Applied For Not Applicable
City & State	City & State		7. Certificate of Status Desired	\$9.75 Additional
Zip Country	Zip Country		8. Make check payable to: Dept. of	Fee Required State (See reverse side for fee information)
9. Name and Address of Current Registered Agent 10. If changed, new Registered Agent/Office				
9. Name and Address of Current Registered Agent		Name		
JUBELT, PAUL C 5850 T.G. LEE BLVD.	Stree1 A		ddress (P.O. Box Number is Not Acceptable)	
ORLANDO FL 32822	Sulte, Apt. 4		atc.	
				7:0-4
	City		FL Zip Code	
the purpose of changing its registered office or regis I am familiar with, and accept the obligations of sec SIGNATURE (Registered Agent Accepting Appointment) A GENERAL PARTNER THAT	ion 620.192, Florida Statules. IS A CORPORATION, L	IMITED PA	200002 -04/02 ****! ARTNERSHIP OR OTHE	1318520 /9701117003
11. Name(s) of General Partner(s)	T BE REGISTERED ANI 11a. Address of Each General (Do NOT Use Post Office Bo	D. Anna		11c. Registration/
SOUTHEAST RESIDENTIAL CORP.	C/O AEC 120 WOOSTER	į.	NEW YORK NY 10012	
				F9600002485 QL-1
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 the Corporations from any liability of non-compliance with annual report is true and accurate and that my signate empowered to execute this report as required by o	Section 119.07(3)(k) In the event that the information in the shall bave the same legal effects as if man	ormation supplied is	deemed exempt from public access. I furthe ner certify that I am a General Partner of the	r certify that the information indicated on this limited partnership, receiver or trustee
SIGNATURE CL	Andrew D. Jube		DATE	2/4/87
Typed or Printed Name of General Partner Signing Form	Andrew D. Jube	.1t	Daytime Telephone Number	Wz-924-9600