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

DOCUMENT# A98000001356

FILED

98 OCT 16 PM 1:50

SECRETARY OF STATE TALLAHASSEE, FLORIDA

PLANTATION PARK APARTMENTS, LTD.				
Mailing Address	Principal Office Address		3. Date Formed or Registered	5a. Capital Contributions as Shown on record.
359 CAROLINA AVENUE WINTER PARK FL 32789	359 CAROLINA AVENUE WINTER PARK FL 32789		06/01/1998 3a. Date of Last Report	\$6,378,095.00
2. Mailing Address	2a. Principal Office Address		4. State or Country of Formation	5b. Amount of Capital Contributions in FLORIDA to date:
Suite, Apt. #, etc.	Suite, Apt. #, etc.		6. FEI Number	Applied For
City & State	City & State		59-3515209	Not Applicable
Zlp Country	Zip Country		7. Certificate of Status Desired	\$8.75 Additional Fee Required
<u> </u>	8. Make check payable to: Dept. of State (See reverse side for fee information)			
9. Name and Address of Current Registered Agent			10. If changed, new Registered Agent/Office	
PUGH, JAMES H JR.		Name Street Address (P.O. Box Number Is Not Acceptable)		
359 CAROLINA AVENUE WINTER PARK FL 32789	Suite, Apt. #, etc.			
City		F1_ Zip Code		
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		City, State & Zip Code	11c. Registration/
EPOCH PROPERTIES, INC.	359 CAROLINA AVENUE		NTER PARK FL 32789	370124
ERI CHARLOTTE, INC.	359 CAROLINA AVENUE	WIF	NTER PARK FL 32789	370124 88 P9800004854 8
			800002 -10/2 *****	671258—0 3/9801066—012 36.25 ****526.25
			de	2
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 eath. 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	2		DATE	2/9/98
Typed or Printed Name of General Partner Signing Form				