


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 GRIFFIN HEIGHTS APARTMENTS, LTD.		1a. DOCUMENT # A01657
Mailing Address P. O. BOX 1212 TALLAHASSEE FL 32302-1212	Principal Office Address 641 MCDONNELL DRIVE TALLAHASSEE FL 32310	
2. Mailing Address	2a. Principal Office Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	
Zip Country	Zip Country	
3. Date Formed or Registered 10/13/1971		5a. Capital Contributions as Shown on record. \$106,524.00
3a. Date of Last Report 01/08/1998		5b. Amount of Capital Contributions in FLORIDA to date.
4. State or Country of Formation FL		
6. FEI Number 59-1530635		<input 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)		

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



9. Name and Address of Current Registered Agent KOELEMIJ, J J 641 MCDONNELL DR. TALLAHASSEE FL 32310	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. 100002819031-1 City Jacksonville FL 32208-0110 State FL
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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
TALCURA, INC.	641 MCDONNELL DRIVE	TALLAHASSEE FL	840994
KOELEMIJ, J J	1006 GARDENIA DRIVE	TALLAHASSEE FL	
WALTON, WILLIAM H JR	1140 EDGEWOOD AVE S	JACKSONVILLE FL	100002819031-1
WEED, JOSEPH D	1140 EDGEWOOD AVE S	JACKSONVILLE FL	03/25/93-01110-015

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3-24-99

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

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

CR2E003 (8/98)