


FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT
TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 97 DEC 18 PM 1:35 <i>mtu</i> <i>12/20</i>	
1. Name of Limited Partnership		1a. DOCUMENT # A05092			
CENTRAL COURT LIMITED PARTNERSHIP					
Mailing Address POST OFFICE BOX 1089 GREENVILLE SC 29602		Principal Office Address ONE INSIGNIA FINANCIAL PLAZA GREENVILLE SC 29601		3. Date Formed or Registered 08/06/1976	
2. Mailing Address		2a. Principal Office Address		3a. Date of Last Report 01/03/1997	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. State or Country of Formation SC	
City & State		City & State		5a. Capital Contributions as Shown on record. \$90,419.00	
Zip Country		Zip Country		5b. Amount of Capital Contributions in FLORIDA to date \$90,419.00	
				6. FEI Number 57-0652166 <input type="checkbox"/> Applied For <input checked="" 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			10. If changed, new Registered Agent/Office		
CT CORPORATION 1200 SOUTH PINE ISLAND RD. PLANTATION FL 33324			Name		
			Street Address (P.O. Box Number Is Not Acceptable)		
			Suite, Apt. #, etc.		
			City FL Zip Code		
10a. Pursuant to the provisions of sections 620.105-1 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	
TUCK, N. BARTON, JR. AMREAL CORPORATION		880 S. PLEASANTBURG D ONE INSIGNIA FINANCIA		GREENVILLE SC GREENVILLE SC 29601	
				834577 600002380326--9 -12/23/97--01048--007 ****541.25 ****541.25	

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 (6/97)