

FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP  
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

FILED

99 FEB 26 AM 9:04

STATE  
TALLAHASSEE  
FLORIDA

LIMITED PARTNERSHIP ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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1. Name of Limited Partnership	1a. DOCUMENT # A05521
GOODLETTE ARMS APARTMENTS, A LIMITED PARTNERSHIP	



Mailing Address P.O. BOX 40177 INDIANAPOLIS IN 46240	Principal Office Address P.O. BOX 40177 INDIANAPOLIS IN 46240	3. Date Formed or Registered 01/18/1977	5a. Capital Contributions as Shown on record \$0.00
2. Mailing Address	2a. Principal Office Address	3a. Date of Last Report 12/05/1997	5b. Amount of Capital Contributions in FLORIDA to date
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. State or Country of Formation IN	6. FEI Number 35-1616777
City & State	City & State	7. Certificate of Status Desired <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	8. Make check payable to Dept of State (See reverse side for fee information)
Zip Country	Zip Country		

9. Name and Address of Current Registered Agent KARNS, LARRY A 7332 NW FIFTH ST PLANTATION FL 33317	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City
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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) <del>THURSTON, MAX A</del> Rosewood Apartments Corporation P32511 for amendment filed 2/26/99	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) <del>6417 DEAN ROAD</del>	11b. City, State & Zip Code <del>INDIANAPOLIS IN</del> JCC	11c. Registration/ Document Number
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**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 12/21/98

Typed or Printed Name of General Partner Signing Form

Rosewood Apartments Corporation (General Partner)  
By Warren Harrison, Senior Vice President

CR2E003 (8/98)