

**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:

1a. DOCUMENT #
A06947

NORTON APARTMENTS, LTD.

Mailing Address

Principal Office Address

~~2051 20TH STREET, STE 2040
SANTA MONICA CA 90405~~

~~2951 20TH STREET, STE 2040
SANTA MONICA CA 90405~~

2. Mailing Address

2850 Ocean Park Blvd.

Suite, Apt. #, etc.
290

City & State
Santa Monica, CA

Zip
90405 Country USA

2a. Principal Office Address

2850 Ocean Park Blvd.

Suite, Apt. #, etc.
#290

City & State
Santa Monica, CA

Zip
90405 Country USA

3. Date Formed or Registered

11/09/1978

3a. Date of Last Report

01/26/1998

4. State or Country of Formation

FL

6. FEI Number

59-2503329

7. Certificate of Status Desired

8. Make check payable to Dept. of State (See reverse side for fee information)

5a. Capital Contributions as
Shown on record

\$206,110.00

5b. Amount of Capital
Contributions in FEI/IDA
to date

Applied For
 Not Applicable

\$8.75 Additional
Fee Required

10. If changed, new Registered Agent/Office

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
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 620.1051 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)

MAJICO MANAGEMENT CO.

11a. Address of Each General Partner
(Do NOT Use Post Office Box Numbers)

~~2951 20TH STREET, SUIT~~
2850 Ocean Park Blvd.

11b. City, State & Zip Code

SANTA MONICA CA 90405

11c. Registration
Document Number

F96000001282

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

Mitchell J. Stein

Typed or Printed Name of General Partner Signing Form

DATE

Daytime Telephone Number: (310) 452-8624 x103

CR2E003 (8-98)