

**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

FILED
SECRETARY OF STATE
90 JAN 11 PM 3:56

1. Name of Limited Partnership

1a. DOCUMENT #
A07609

HOLLEY GARDEN APARTMENTS, LTD.

Mailing Address

Principal Office Address

1850 LEE ROAD, SUITE 115
WINTER PARK FL 32789

1850 LEE ROAD, SUITE 115
WINTER PARK FL 32789

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

06/19/1979

3a. Date of Last Report

01/20/1998

4. State or Country of Formation

FL

6. FEI Number

59-2470109

7. Certificate of Status Desired

\$8.75 Additional Fee Required

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

5a. Capital Contributions as Shown on record

\$1,189,932.00

5b. Amount of Capital Contributions in FLORIDA to date

1,189,932.00

Applied For
 Not Applicable

9. Name and Address of Current Registered Agent

**RAJTAR, STEVEN A.
1850 LEE ROAD
SUITE 115
WINTER PARK FL 32789**

Name

Street Address (P.O. Box Number Is Not Acceptable)

Suite, Apt #, etc.

City

10. If changed, new Registered Agent/Office

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)

GRACE, PHILIP C

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

1850 LEE RD. SUITE 11

11b. City, State & Zip Code

WINTER PARK FL

11c. Registration/Document Number

200002702212-3
-02/02/99-01073-025
****535.00 ****535.00

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

12/31/98

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

CR2E003 (8/98)