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

LIMITED PARTNERSHIP ANNUAL REPORT 1999



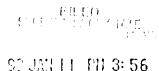
FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

1. Name of Limited Partnership

DOCUMENT# A07609





HOLLEY GARDEN APARTMENTS, LTD.				
Mailing Address	Principal Office Address		3. Date Formed or Registered	5a. Capital C Shown o
1850 LEE ROAD. SUITE 115 WINTER PARK FL 32789	1850 LEE ROAD: SUITE 115 WINTER PARK FL 32789		06/19/1979 3a. Date of Last Report	\$1,189
			01/20/1998 4. State or Country of Formation	5b. Amount of Contribut to date
2. Maiting Address	2a. Principal Office Address		FL.	1150
Suite, Apt #, etc.	Suite, Apt #, etc		6. FE! Number	1,101,1
City & State	City & State		59-2470109	, Ŭ
Zip Country	Zip	Country	7. Certificate of Status Discred	Xi
		Country	8. Mike thic • payable to Dept. of	State (See reverse
9. Name and Address of	Current Registered Agent	1	10. If changed, new Registere	ed Agent/Office
RAJTAR, STEVEN A.		Name Street Address	(P.O. Box Number Is Not Acceptable)	

iontobutions as nirecord 9.932.00 of Capital tions in FLORIDA 952 00 Applied For Not Applicable \$8.75 Additional Fee Required side for fee information;

Name and Address of Current Registered Agent	10. If Changed, new Registered Agent/Office
··· - · · · - · · · · · · · · · · · · ·	Name
ajtar, steven a. 850 lee road	Street Address (P.O. Box Number Is Not Acceptable)
UITE 115	Suite, Apt. #, etc
/INTER PARK FL 32789	City

10a. Pursuant to the provisions of sections 620 1051 and 620 1051 and 620 1051 and 620 the Statutes, the above named irruited 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 Floridal Such change was authorized by its general partner(s). Thereby a cept the appointment of registered agent. Fam 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.

Name(s) of General Partner(s)

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

11b.

City, State & Zip Code

11c.

Registration/ Document Number

GRACE, PHILIP C

1850 LEE RD. SUITE 11

WINTER PARK FL

2000027\62212--3 -02/02/93--01073-<u>-025</u> ****535.00 ****535.00

12. Add 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). Elevida Statutes Trelease 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 or 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 erapowered to execute this report as required by chapter 620. Florida Statutes

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

SIGNATURE .

Typed or Printed Name of General Partner Signing Form

Daytime Tele, hone Number