			- 96.001.20	Att 0. 1 7
LIMITED PARTNERSHIP ANNUAL REPORT 1997	FLORIDA DEPARTMENT OF STATE Sandra Mortham Secretary of State DIVISION OF CORPORATIONS		96 OCT 29 AM 9: 17 SECRETARY OF STAR TALLAHASSEE, FLORID),	
Name of Limited Partnership				.J 10/30
OUNTRYSIDE APARTMENT	rs, ltd.			IEBNA ULEI OKOLI ULULI OLULI ULULI ULULI ULULA ULULA TA
ailing Address	Pr-noipal Office Address		3. Date Formed or Registered	5a. Capital Contributions as Shown on record
6954 AMERICANA PARKWAY REYNOLDSBURG OH 43068	6954 AMERICANA PARKWAY REYNOLDSBURG OH 43068		06/06/1980 3a. Date of Last Report 11/14/1995	\$710,000.00
Mailing Address	2a. Principal Office Address		4. State or Country of Formation	5b. Amount of Capilal Contributions in FLORIDA to date
uite, Apt. #, etc.	Suite, Apt. #, etc.			Applied For
bity & State	Zip			\$8.75 Additional Fee Required
			8. Make check payable to Dept of	I State (See reverse side for fee informati
	<u> </u>	City		FL Zip Code
 Oa. Pursuant to the provisions of sections 620 105¹ for the purpose of changing its registered offici- agent 1 am familiar with, and accept the obliga IGNATURE (Registered Agent Accepting Appointment A GENERAL PARTNER THAT 	e or registered agent, or both, in the State of ations of section 620 192 Florida Statutes.	Florida Such change was	authorized by its general partner(s). The DATE	reby accept the appointment of registere
for the purpose of changing its registered office agent I am familiar with, and accept the obliga IGNATURE (Registered Agent Accepting Appointment A GENERAL PARTNER THA MU	e or registered agent, or both, in the State of ations of section 620 192 Florida Statutes.	Florida Such change was	DATE THIS OFFICE.	ER BUSINESS ENTIT
for the purpose of changing its registered office agent I am familiar with, and accept the obligation IGNATURE (Registered Agent Accepting Appointment A GENERAL PARTNER THA	e or registered agent, or both, in the State of ations of section 620 192 Florida Statutes.	Florida Such change was , LIMITED PAI ND ACTIVE W letal Partner e Box Numbers)	DATE THIS OFFICE.	R BUSINESS ENTITY
for the purpose of changing its registered office agent. I am familiar with, and accept the obliga IGNATURE (Registered Agent Accepting Appointment A GENERAL PARTNER THA MU 1. Name(s) of General Partner(s)	e or registered agent, or both, in the State of ations of section 620 192 Florida Statutes.	Florida Such change was , LIMITED PAI ND ACTIVE W letal Partner e Box Numbers)	DATE DATE RTNERSHIP OR OTHE VITH THIS OFFICE. D. City State & Zip Code REYNOLDSBURG OH 1 DOCO1 -10/3	ER BUSINESS ENTITY 11c. Registration/ Document Number