

FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT
TO REVOCATION AND \$500 PENALTY FEE

FILED

99 FEB -2 AM 9:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED PARTNERSHIP ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE B. Mortham Secretary of State DIVISION OF CORPORATIONS
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1. Name of Limited Partnership OAK GROVE APARTMENTS, LTD.	1a. DOCUMENT # A09520 98-AR/Cus CM
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Mailing Address P.O. BOX 492228 LEESBURG, FLORIDA 34749	Principal Office Address 611 12th STREET LEESBURG, FLORIDA 34748
2. Mailing Address P.O. BOX 492228 Suite, Apt. #, etc.	2a. Principal Office Address 611 12th STREET Suite, Apt. #, etc.
City & State LEESBURG, FLORIDA	City & State LEESBURG, FLORIDA
Zip 34749 Country USA	Zip 34748 Country USA

3. Date Formed or Registered 10/31/1980	5a. Capital Contributions as Shown on record 3,000.00
3a. Date of Last Report 12/20/96	5b. Amount of Capital Contributions in FLORIDA to date.
4. State or Country of Formation FLORIDA	
6. FEI Number <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
7. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
8. Make check payable to: Dept. of State (See reverse side for fee information)	

9. Name and Address of Current Registered Agent MAGALSKI, BARBARA ANN 611 12th STREET LEESBURG, FLORIDA 34748	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code
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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)

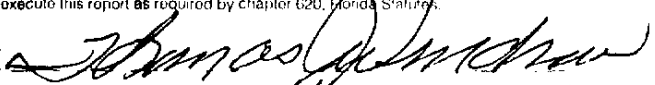
DATE

**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) WINDRAM, THOMAS J. LOWE, JEAN W.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 840 FAIRVIEW DRIVE 1467 SPRING LAKE ROAD	11b. City, State & Zip Code MOUNT DORA, FL. 32757 FRUITLAND PARK, FL, 34731 400002426054--5 -02/10/98--01011--011 ****165.00 ****165.00	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 
Typed or Printed Name of General Partner Signing Form: **THOMAS J. WINDRAM**

DATE

2/1/98
Daytime Telephone Number **(352) 787-2400**

CR2E003 (6/97)