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

LIMITED PARTNERSHIP **ANNUAL REPORT** 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

a. DOCUMENT # A10300

97 NOV 26 PH 4: 12



MBERWOOD APARTMENTS, LTD.			
Malling Address 8954 AMERICANA PARKWAY REYNOLDSBURG OH 43068	Principal Office Address 6954 AMERICANA PARKWAY REYNOLDSBURG OH 43068	3. Date Formed or Registered 04/02/1981 38. Date of Last Report	5a. Capital Contributions as Shown on record \$751,218.00
2. Malling Address	28. Principal Office Address	10/29/1996 4. State or Country of Formalion FL	5b. Amount of Capital Contributions in FLORIDA to date:
Sulte, Apt. #, etc.	Suite, Apt. #, etc. City & State	6. FEI Number 59-2083496	Applied For Not Applicable
City & State Zip Country	Zip (ificate of Status Desired	\$8.75 Additional Fee Required State (See reverse side for fee informatio
9. Name and Address of Current Registered Agent		If changed, new Registered Agent/Office	
CT CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION FL 33324	City	r is Not Acceptable)	FL Zip Code
for the purpose of changing its registered offi- agent. I am familiar with, and accept the oblig signature (Registered Agent Accepting Appointment A GENERAL PARTNER TH.		ange was authorized by its general partner(s). I her DATE DATE DATE DATE	eby accept the appointment of registered
11. Name(s) of General Partner(s)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number
CÁRDINAL INDUSTRIES OF FLORI	6954 AMERICANA PARKWA	REYNOLDSBURG OH 20002 -12/09 *****	
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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-estimilance 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 logal effects as if made under eath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this poort as required by charter that Statutes.

Jessey D. Mayor,

DATE 11-26-97

Daylime Telephone Number 614-759-1566