FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra Mortham

Secretary of State DIVISION OF CORPORATIONS

96 OCT 29 AH 9:54

SECKEINAY OF STATE TALLAHASSEE, FLORIDA

1. Name of Limited Partnership		1a. DOCUM A10869	IENT #		E CORRECT TOOL TIGHT BRANCE TO THE COLUMN CO			
SHADOWOOD APARTMENTS, LTD.								
							1/1	120
Maling Address 6954 AMERICANA PARKWAY		Principa' Office Address 6954 AMERICANA PARKWAY			3. Date Formed or Registered 58. Capital Control Shown on rec			7
REYNOLDSBURG OH 43068 REYNOLDSBURG OH 430			08		3a. Date of Last Report 11/21/1995	5b. Amount of Capital Contributions in FLORIDA		
2. Mailing Address	2	2a. Principal Office Address			4. State or Country of Formation	to date		
Suite, Apt. #, elc.		Suite, Apt. #, etc.			6, FEI Number 59-2106683	Applied For Not Applicable		
City & State Zip Country		City & State			7. Certificate of Status Desired	\$8.75 Additional Fee Required		nal
Zip Country		Zip Country 8. Make chec-				 payable to Dept. of State (See reverse side for fee information) 		
9. Name and Ad	dress of Current Regis	tered Agent	Τ	·	10. It changed, new Registere	ed Agent/Office		
C. T. CORPORATION SYSTE			Name					
1200 SOUTH PINE ISLAND ROAD			Street Address (P.O. Box Number Is Not Acceptable)					
PLANTATION FL 33324		Suite, Apt #, etc				r		
City								
10a. Pursuant to the provisions of sect for the purpose of changing its reagent. I am familiar with, and accessing SIGNATURE (Registered Agent Accepting	gistered office or registe ept the obligations of sec	red agent, or both, in the State of Fi	ned limited partri lor da Such chai	ership organ nge was aut	ized or registered under ti 老 情 事的 horized by its genera' partner(s). The DATE	reby accept the	appointment of reg	stered
A GENERAL PARTN	ER THAT IS A MUST BI	A CORPORATION, E REGISTERED AN	LIMITED ND ACTIV	PART VE WIT	NERSHIP OR OTHE TH THIS OFFICE.	ER BUSI	NESS ENT	ΊΤΥ
11. Name(s) of General Partner(s)		Address of Each Gene (Do NOT Use Post Office	ral Partner Box Numbers)	11b.	City, State & Zip Code	11c.	Registration/ Document Numb	e′
CARDINAL INDUSTRIES OF	CARDINAL INDUSTRIES OF FLORI 6954 AMERICANA P		RKWA	RE	YNOLDSBURG OH 43068	Fe	3477	
R/E MANAGEMENT SERVICES, INC		6954 AMERICANA PARKWA		REYNOLDSBURG OH 43068		P2	P21414	
•								

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 thing is voluntarily furnished and does not qualify fur the exemption stated in Section 119 07(3)(k). Ficrida Statutes Trelease the Division of Corporations from any lability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed eventy from public access. I further certify that the information indicated on this annual report is true and accurate and flat 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 a require

S	lGl	NA`	ΓUI	RE

JIVLEN DATE 10/21/92

D. Meyra, SPERCTARY OF CARDINAL DATE 10/21/92

RES OFFTURIDGE SORVICES CORPORABLE FOR HUMBER 614575-5323 Typed or Printed Name of General Partner Signing Form TridusTRIES O.