

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

FILED

97 DEC 29 AM 10:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED PARTNERSHIP ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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1. Name of Limited Partnership	1a. DOCUMENT # A12244
CANTERBURY HOUSE APARTMENTS, A LIMITED PARTNERSHIP IP 98-AR CM	



2. Mailing Address 2951 28TH STREET SUITE 2040 SANTA MONICA CA 90405		2a. Principal Office Address 8330 WOODFIELD CROSSING BLVD. P.O. BOX 40177 INDIANAPOLIS IN 46240		3. Date Formed or Registered 03/12/1982	5a. Capital Contributions as Shown on record \$0.00
3. Date Formed or Registered		3a. Date of Last Report 12/27/1996		5b. Amount of Capital Contributions in FL OffIDA to date	
4. State or Country of Formation IN		6. FEI Number 35-1642277 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable			
7. Certificate of Status Desired <input type="checkbox"/>		8. Make check payable to: Dept. of State (See reverse side for fee information)			

9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	10. If changed, now 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) J & I MONITORING, INC.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 2951 28TH ST. #2040	11b. City, State & Zip Code SANTA MONICA CA 90405	11c. Registration/Document Number F93000001580
500002399435--8 -01/14/98--01031--008 ****156.25 ****156.25			

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 _____ DATE **12/20/97**
Typed or Printed Name of General Partner Signing Form **Mitchell J. Stein** Daytime Telephone Number **(310) 452-8624**

CR2E003 (6/97)