FILE ON OR BEFORE APRIL 7, 1999 TO AVOID REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP **ANNUAL REPORT** 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED CO APR 19 FH 5: 00 STORETARY OF STATE

			1	5 (1.1.C. 70%)
1. Name of Limited Partnership	1a. DOCUMENT # A12244		TILLIAN DA TATAN MENENDA TATAN MANANTAN DA TATAN MANANTAN DA TATAN MANANTAN DA TATAN MANANTAN DA TATAN MANANTAN Tillian da tatan da tanggan da ta	
CANTERBURY HOUSE APA	ARTMENTS, A LIMITED I	PARTNERSH	1 1884017 1887 1888 1888 1888 1	1 81614 9161 91611 61611 61611 91611 61611 61611 61611 61
Mailing Address 2951 28TH STREET SUITE 2040 SANTA MONICA CA 80405	Principal Office Address 8330 WOODFIELD CROSSING BLVD. P.O. BOX 40177 INDIANAPOLIS IN 46240		3. Date Formed or Registered 03/12/1982 3a. Date of Last Report 12/29/1997 4. State or Country of Formation	5a. Capital Contributions as Shown on record \$0.00 5b. Amount of Capital Contributions in FLORIDA to date
2. Mailing Address	2a. Principal Office Address		IN	
Sulte, Apt. #, etc.	Suite, Apt #, etc.		6. FE! Number 35-1642277	Applied For
City & State	City & State Zip Country		7. Certificate of Status Desired	Not Applicable \$8.75 Additions
Zip Country			For Required 8. Make check payable to Dept. of State (See reverse size) for fee information	
9, Name and Address of Cu	rrent Registered Agent	Name	10. If changed, new Registered	Agent/Office
1200 S. PINE ISLAND ROAD PLANTATION FL 33324 109 Pursuant to the provisions of sections 620 1051 and 620 192 Florida Statutes the above		Street Address (P.O. Box Number is Not Arceptable) Suite Apt #, etc City PLOTE PL		
for the purpose of changing its registered office agent. I am familiar with, and accept the obligation SIGNATURE (Registered Agent Accepting Appointment	e or registered agent, or both, in the State of Floric alions of section 620.192, Florida Statutes)	da Such change was aut	norized by its general partner(s). Theref	by accept the appointment of registered
A GENERAL PARTNER TH	<u>JST BE REGISTERED AN</u>	D ACTIVE WI	THERSHIP OR OTHE TH THIS OFFICE.	ER BUSINESS ENTITY
11. Name(s) of General Partner(s)	Address of Each General	11a. (Do NOT Use Post Office Box Numbers) 11b.		11c. Registration/ Document Number
J & I MONITORING, INC.	2951 28TH ST. #2040	s	ANTA MONICA CA 90405	F93000001580
Note: General partners MAY N	OT be changed on this form	ı; an amendme	nt must be filed to cha	nnge a general partner.
12. I do hereby certify that the information supplied w from any liability of non-compliance with Section is true and accurate and that my signature shall h	th this filing is voluntarity furnished and does not q 119.07(3)(k) in the event that the information supp	ualify for the exemption sli lied is deemed exempt from	ated in Section 119.07(3)(k), Florida Sta ni public access. I further certify that the	tules if release the Division of Corporation information indicated on this annual repo

execute this report as required by chapter 620, Florida Statutes

SIGNATURE

Sheldon P. Berger, President of Typed or Printed Name of General Partner Signing Form Majico Management Co.

Daytime Telephone Number