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

DOCUMENT # A12874

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

97 OCT 23 AM 9: 42



| ORLANDO HOUSING INVESTORS, LTD. | | | | r sansent eren sinner arter i trite folls, orbi bribis offit orbit offit orbit offit (00) | | | |
|---|----------------------------------|---|--|---|---|--|--|
| Malling Address | | Principal Office Address | Principal Office Address | | 3. Date Formed or Registered | 5a. Capital Contributions as Shown on record. | |
| 2120 DREW ST. | | 2120 DREW ST | 2120 DREW ST. | | 07/16/1982 | | |
| CLEARWATER FL 34825 | | CLEARWATER FL 34625 | | | 3a. Date of Last Report | ort \$50.00 | |
| | | | | | 02/07/1997 | 5b. Amount of Capital Contributions in FLORIDA | |
| | | | | | 4. State or Country of Formation | Contributions in FLORIDA to date: | |
| 2. Malling Address | | 2a. Principal Office Address | 28. Principal Office Address | | - | 50.00 | |
| Suite, Apt. #, etc. | | Suite, Apl. #, etc. | | | FL 6. FEI Number | | |
| | | | | | • | Applied For | |
| City & State | | City & State | City & Stato | | 59-2217487 7. Certificate of Status Dosired | ☐ Not Applicable | |
| Zip | Country | Zip | Country | | Gertificate of Status Desired | \$8.75 Additional Fee Required | |
| | | | · | | 8. Make check payable to: Dept. of | State (See reverse side for too information) | |
| | 0 Nome and Address of D | 5.1. | | | 40 | | |
| 9. Name and Address of Current Registered Agent | | | 10. If changed, new Rogistered Agent/Office Name | | | | |
| FUNK, RICHARD B. | | | | | | | |
| 2120 DREW ST. | • | | Street Address (P.C | | P.O. Box Number Is Not Acceptable) | | |
| CLEARWATER F | L 34625 | | Sulte, Apt. #, etc. | | | | |
| | | | City | | | FL Zip Code | |
| for the purpose | e of changing its registered off | 51 and 620.192, Florida Statutes, the above-nar- ice or registered agent, or both, in the State of F gallions of section 620.192, Florida Statutes. | ned limited partr lorida. Such cha | nership orgar Inge was auti | nized or registered under the laws of the horized by its general partner(s). I here | ne State of Florida, submits this statement | |
| | d Agent Accepting Appointme | | | | | | |
| A GENERA | AL PARTNER TH | AT IS A CORPORATION, UST BE REGISTERED AI | ND ACTI | PART VE WIT | NERSHIP OR OTHE H THIS OFFICE. | R BUSINESS ENTITY | |
| 11. Name(s) of (| General Partner(s) | 11a. Address of Each Gene (Do NOT Use Post Office | ral Partnor Box Numbors) | 11b. | City, State & Zip Code | 11c. Registration/ | |
| J.R.S. EQUITIES, INC. | | 2120 DREW STREET | 2120 DREW STREET | | ARWATER FL | 590286 | |
| | | | | | | 0/30 | |
| `` | | | | | 400002: -10/31 ****1! | 0 3 55564 3 797-01107-007 56.25 ****156.25 | |
| Note: Const | al nartnara MAV A | IOT he changed on this for | MI AN A. | 0 m d m 0 . | at much be filed to abo | | |

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 doos 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 degreed 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 hade under oath. Wither certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Fiorida Statutes

SIGNATURE ____

Typed or Printed Name of General Partner Storling Form Richard