FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

1a. DOCUMENT # **A12933**

FILED

98 OCT 16 PM 1: 50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

	A 12933	A12933			, 01111	Т.	
ALEXANDER APARTMENTS, LTD.							
Mailing Address	Principal Office Address	Principal Office Address		3. Date Formed or Registered	5a. Capital Contributions as Shown on record.		٦
1834 HERMITAGE BLVD. SUITE 201 TALLAHASSEE FL 32308	1834 HERMITAGE BLVD. SUITE 201 TALLAHASSEE FL 32308	SUITE 201			\$0.00 5b. Amount of Capital Contributions in FLORIDA to date:		
				FL			
Suite, Apt. #, etc.	Suite, Apt. #, etc.			6. FEI Number 59-0723592	Applied For Not Applicable		
City & State	City & State	City & State		7. Certificate of Status Desired			†
Zip Country	Zip	Zip Country		8. Make check payable to: Dept. of State (See reverse side for fee information)			-
9 Name and Address of Curr	rent Registered Agent	1		10. If changed, new Registered	Agent/Office		7
MOTTICE, H. JAY 1834 HERMITAGE BLVD., SUITE 201		Name					
		Street Adda	ress (P.O. Bo	ox Number Is Not Acceptable)			1
TALLAHASSEE FL 32308		Suite, Apt					
		City		· · · · · ·	FL	Zip Code	-
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 accept the obligations of accept the obligations of accept the obligations of accept the appointment of registered agent. I am familiar with, and accept the obligations of accept the appointment of registered agent. I am familiar with, and accept the appointment of registered agent. I am familiar with, and accept the appointment of registered agent. I am familiar with, and accept the appointment of registered agent. I am familiar with, and accept the appointment of registered agent. I am familiar with, and accept the appointment of registered agent. I am familiar with, and accept the appointment of registered agent. I am familiar with, and accept the appointment of registered agent. I am familiar with, and accept the appointment of registered agent. I am familiar with, and accept the appointment of registered agent. I am familiar with, and accept the appointment of registered agent. I am familiar with, and accept the obligations of accept the appointment of registered agent. I am familiar with, and accept the appointment of registered agent. I am familiar with, and accept the appointment of registered agent. I am familiar with, and accept the appointment of registered agent. I am familiar with, and accept the appointment of registered agent. I am familiar with, and accept the appointment of registered agent. I am familiar with, and accept the appointment of registered agent. I am familiar with, and accept the appointment of registered agent. I am familiar with, and accept the appointment of registered agent. I am familiar with, and accept the appointment of registered agent. I am familiar with a support of registered agent. I am familiar with a support of registered agent. I am familiar with a support of registered agent. I am familiar with a support of							
11. Name(s) of General Partner(s)	Address of Each (Do NOT Use Post Of	General Partner ffice Box Numbers)	11b.	City, State & Zip Code	11c.	Registration/ Document Number]
ALEXANDER PANAMA, INC.		1834 HERMITAGE BLVD.,		TALLAHASSEE FL		L20505	
				700002670647— -10/23/98—01003—01 ****141.25 ****141.		5476 1003010 ****141.25	CR2
Note: General partners MAY NC	T be changed on this	form; an am	endme	nt must be filed to cha	nge a g	eneral partner.	-
12. I do hereby certify that the information supplied wit Corporations from any liability of non-compilance withis annual report is true and accurate and that my empowered to execute this report as required by continuous	th this filing is voluntarily furnished and do with Section 119.07(3)(k) in the event that signature shall have the same legal effer thapter 620, Florida Statutes.	bes not qualify for the the information supp	exemption s lied is deem oath. I furthe	tated in Section 119.07(3)(k), Florida St ed exempt from public access. I further r certify that I am a General Partner of t	atutes. I release certify that the he limited parti	e the Division of information indicated on ership, receiver or trustee	
Typed or Printed Name of General Partner Signing Form H-Qay Mottice Daytime Telephone Number 856 - 386 - 2117							