LIMITED PARTNERSHIP ANNUAL REPORT <b>1999</b>	Sandra I Secreta	RTMENT OF STATE B. Mortham ary of State CORPORATIONS	FIL SECRETARY DIVISION OF CI 98 NOV -3	
1. Name of Limited Partnership	1a. DOCUM A13607			inte
BERKSHIRE MANOR APART	MENTS, LTD.			
Mailing Address	Principal Office Address	Principal Office Address		5a. Capital Contributions as Shown on record.
1834 HERMITAGE BLVD. Suite 201	1834 HERMITAGE BLVD.	1834 HERMITAGE BLVD. SUITE 201		\$27,142.00
TALLAHASSEE FL 32308	TALLAHASSEE FL 32308	• • • • • • • • • • • • • • • • • • • •		5b. Amount of Capital Contributions in FLORIDA
2. Mailing Address	2a. Principal Office Address	2a. Principal Office Address		to date:
Suite, Apt. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		Applied For
City & State	City & State	City & State		Not Applicable
Zip Country	Zip	Country	8. Make check payable to: Dept. of	Fee Required State (See reverse side for fee information)
9_ Name and Address of Cu	ment Registered Agent		10. If changed, new Registered	Agent/Office
	territizen an inderen a	Name		
MOTTICE, H. JAY 1834 HERMITAGE BLVD., STE. 201 TAU AHASSEE FL 32303		Street Address (P.O. Box Number Is Not Acceptable)		
		Suite, Apt. #, etc11/05/3301088008		
TAULAHASSEE EL 32303		Suite, Apt. #, etc.	11/09	/9801088008
TALLAHASSEE FL 32303		Suite, Apt. #, etc.	-11/05 ****1	41.25 2888141.25
	1 and 630 102 Elocida Statidas the above na	City	-11/05 ++++++	41.25 2#22141.25 FL
<b>10a.</b> Pursuant to the provisions of sections 620.105 for the purpose of changing its registered office	or registered agent, or both, in the State of F	City	-11/05 未来来社 anized or registered under the laws of the ilhorized by its general partner(s). I hereb	41.25 FL State of Florida, submits this statement
40.0 Duration to the provisions of sections 600 105	or registered agent, or both, in the State of F	City	thorized by its general partner(s). I hereb	41-25     State of Florida, submits this statement y accept the appointment of registered
10a. Pursuant to the provisions of sections 620.105 for the purpose of changing its registered office agent. I am familiar with, and accept the obliga SIGNATURE (Registered Agent Accepting Appointment)	a or registered agent, or both, in the State of F tions of section 520 592, Florida Statutes.	City med limited partnership org korida. Such change was au	Ihorized by its general partner(s). I hereb	$\frac{41 \cdot 25}{FL}$
10a. Pursuant to the provisions of sections 620.105 for the purpose of changing its registered office agent. I am familiar with, and accept the obliga SIGNATURE (Registered Agent Accepting Appointment) A GENERAL PARTNER TH	a or registered agent, or both, in the State of F tions of section 520 592, Florida Statutes.	City med limited partnership org korida. Such change was au	DATE	$\frac{41 \cdot 25}{FL}$
10a. Pursuant to the provisions of sections 620.105 for the purpose of changing its registered office agent. I am familiar with, and accept the obliga SIGNATURE (Registered Agent Accepting Appointment) A GENERAL PARTNER TH	a or registered agent, or both, in the State of F tions of section 520 522, Florida Statutes.	City med limited partnership org korda. Such change was au Mutter LIMITED PAR ND ACTIVE W	DATE TNERSHIP OR OTHE TH THIS OFFICE.	41-25       Statist 4:141-25         FL       Zip Code         state of Florida, submits this statement y accept the appointment of registered         / 0 - C - 98         R BUSINESS ENTITY         11c.       Registration/ Document Number
10a. Pursuant to the provisions of sections 620.105 for the purpose of changing its registered office agent. I am familiar with, and accept the obliga SIGNATURE (Registered Agent Accepting Appointment) A GENERAL PARTNER THA	a or registered agent, or both, in the State of F tions of section 520 192, Florida Statutes.	City med limited partnership org korida. Such change was au <b>LIMITED PAR</b> <b>ND ACTIVE W</b> reral Partner Box Numbers) 11b.	DATE TNERSHIP OR OTHE TH THIS OFFICE.	$\frac{41 \cdot 25}{FL}$ $\frac{51 \cdot 25}{25 \cdot 60 \text{ de}^2}$ State of Florida, submits this statement y accept the appointment of registered $\frac{10 - 2 - 98}{R \text{ BUSINESS ENTITY}}$ $\frac{110}{R \text{ BUSINESS ENTITY}}$
10a. Pursuant to the provisions of sections 620.105 for the purpose of changing its registered office agent. I am familiar with, and accept the obliga         SIGNATURE (Registered Agent Accepting Appointment)         A GENERAL PARTNER THACMEL         ML         11. Name(s) of General Partner(s)	AT IS A CORPORATION JST BE REGISTERED A 11a. (Do NOT Use Post Office	City med limited partnership org korida. Such change was au <b>LIMITED PAR</b> <b>ND ACTIVE W</b> reral Partner Box Numbers) 11b.	DATE DATE TNERSHIP OR OTHE ITH THIS OFFICE. City, State & Zip Code	41-25       Statist 4: 1 + 1 - 25         FL       Zip Code         s State of Florida, submits this statement y accept the appointment of registered         10 - C - 98         R BUSINESS ENTITY         11c.       Registration/ Document Number         L14932
10a. Pursuant to the provisions of sections 620.105 for the purpose of changing its registered office agent. I am familiar with, and accept the obliga         SIGNATURE (Registered Agent Accepting Appointment)         A GENERAL PARTNER THANKING         ML         11. Name(s) of General Partner(s)	AT IS A CORPORATION JST BE REGISTERED A 11a. (Do NOT Use Post Office	City med limited partnership org korida. Such change was au <b>LIMITED PAR</b> <b>ND ACTIVE W</b> reral Partner Box Numbers) 11b.	DATE DATE TNERSHIP OR OTHE ITH THIS OFFICE. City, State & Zip Code	41.25       State of Florida, submits this statement y accept the appointment of registered         10 - C - 98         R BUSINESS ENTITY         11c.       Registration/ Document Number         L14932         24.88 1 5 3 3 - 9         54.98 - 01088 - 009
10a. Pursuant to the provisions of sections 620.105 for the purpose of changing its registered office agent. I am familiar with, and accept the obliga SIGNATURE (Registered Agent Accepting Appointment) A GENERAL PARTNER THA ML 11. Name(s) of General Partner(s) BERKSHIRE MANOR, INC.	AT IS A CORPORATION JST BE REGISTERED A Address of Each Gen 11a. (Do NOT Use Post Office 1834 HERMITAGE BLVI	City med limited partnership org korda. Such change was au <b>LIMITED PAR</b> <b>ND ACTIVE W</b> (reral Partner Dox Numbers) 11b. D., TA	DATE DATE TNERSHIP OR OTHE ITH THIS OFFICE. City, State & Zip Code	41.25       State 4141.25         FL       Zip Code         State of Florida, submits this statement of registered         / 0 - C - 9.8         R BUSINESS ENTITY         11c.       Registration/ Document Number         L14932         5/38-01088-009         137.49       ****137.49
10a. Pursuant to the provisions of sections 620.105 for the purpose of changing its registered office agent. I am familiar with, and accept the obliga SIGNATURE (Registered Agent Accepting Appointment) A GENERAL PARTNER THA MU 11. Name(s) of General Partner(s) BERKSHIRE MANOR, INC.	or registered agent, or both, in the State of Fittions of section 520 192, Florida Statutes.	City med limited partnership org lorida. Such change was au <b>LIMITED PAR</b> <b>ND ACTIVE W</b> loral Partner Box Numbers) 11b. D., TA	DATE DATE THERSHIP OR OTHE ITH THIS OFFICE. City, State & Zip Code ALLAHASSEE FL City State & Zip Code ALLAHASSEE FL City State & Zip Code XLLAHASSEE FL XLLAHASSEE FL	41.25       State of Florida, submits this statement y accept the appointment of registered         10 - C - 98         R BUSINESS ENTITY         11c.       Registration/ Document Number         L14932         38 - 01088 - 009         137.49       ****137.49         ange a general partner.
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