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 # A15175 FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

98 DEC -7 PM 1:42

	A13173			
COLLEGE PARK WOODS, L1				
Mailing Address	Principal Office Address	Principal Office Address		5a. Capital Contributions as Shown on record.
824 NORTH HIGHLAND AVENUE	824 NORTH HIGHLAND AVENUE	824 NORTH HIGHLAND AVENUE ORLANDO FL 32803		\$160,000.00
ORLANDO FL 32803	ORLANDO FL 32803			
			12/11/1997	5b. Amount of Capital Contributions in FLORIDA
2. Mailing Address	2a. Principal Office Address		4. State or Country of Formation	to date:
Z. Mailing Address	za. Principal Office Address		FL	\$160,000.00
Suite, Apt. #, etc.	Suite, Apt. #, etc.		6. FEI Number	Applied For
City & State	City & State		59-2337409	Not Applicable
Zip Country	7:4	Country	7. Certificate of Status Desired	\$8.75 Additional Fee Required
Zip Country	Zip	Zip Country		State (See reverse side for fee information)
9 Name and Address of Curr	ant Degistered Agent		10. If changed, new Registered	Agent/Office
9. Name and Address of Current Registered Agent		Name		
CARPENTER, WALTER N. JR.		Street Address (P.O. Box Number Is Not Acceptable)		
824 NORTH HIGHLAND AVENUE		Suite, Apt. #, etc.		
ORLANDO FL 32803				,
		City		FL Zip Code
10a. Pursuant to the provisions of sections 620,1051 for the purpose of changing its registered office of agent. I am familiar with, and accept the obligation	or registered agent, or both, in the State of Flor	ed limited partners rida. Such change	hip organized or registered under the laws of the was authorized by its general partner(s). I hereb	State of Florida, submits this statement y accept the appointment of registered
SIGNATURE (Registered Agent Accepting Appointment)	DATE			
A GENERAL PARTNER THA	T IS A CORPORATION, ST BE REGISTERED AN	LIMITED I ID ACTIVI	PARTNERSHIP OR OTHE E WITH THIS OFFICE.	R BUSINESS ENTITY
11. Name(s) of General Partner(s)	11a. Address of Each Gener	al Partner	11b. City, State & Zip Code	11c. Registration/ Document Number
CARPENTER, WALTER N. JR.	824 N. HIGHLAND AVEN	IU	ORLANDO FL	
REX, CHARLES W., III	2739 PRAIRIE AVE.		EVANSTAN IL	
			500002	

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 eath. 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 1

Typed or Printed Name of General Partner Signing Form

Walter

Carpenter Jr.

Daytime Telephone Number

(407) 648-2199

****526.25 ****526.25

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