

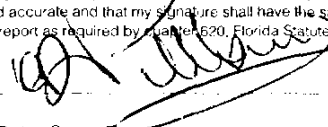


FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra Mortham Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 96 DEC 17 AM 10:22 # 1260	
1. Name of Limited Partnership 1850 APARTMENT ASSOCIATES, LTD.		1a. DOCUMENT # A16710			
Mailing Address 1850 NE 48TH ST. SUITE 136 POMPANO BEACH FL 33064		Principal Office Address 1850 NE 48TH ST. SUITE 136 POMPANO BEACH FL 33064		3. Date Formed or Registered 03/28/1984	
2. Mailing Address		2a. Principal Office Address		3a. Date of Last Report 01/22/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. State or Country of Formation FL	
City & State		City & State		5a. Capital Contributions as Shown on record \$1,744,956.33	
Zip		Zip		5b. Amount of Capital Contributions in FL OR DA to date	
Country		Country		6. FEI Number 59-2388681 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
				7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				8. Make check payable to: Dept. of State (See reverse side for fee information)	
9. Name and Address of Current Registered Agent HUME & JOHNSON, P.A. 1401 UNIVERSITY DR. SUITE 301 CORAL SPRINGS FL 33071				10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code	
10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement 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 section 620.192, Florida Statutes.					
SIGNATURE (Registered Agent Accepting Appointment) _____ DATE _____					
A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.					
11. Name(s) of General Partner(s)		11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)		11b. City, State & Zip Code	
11c. Registration/Document Number					
KILBRTIDE INT'L LEASING & IN		P. O. BOX 168		GREENVILLE VA 24440	
855265 F9600000 488		900002088009--4 -12/26/96--01010--005 ****576.25 ****576.25			
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 oath. 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 				DATE _____	
Typed or Printed Name of General Partner Signing _____				Daytime Telephone Number _____	

CR2E003 (6/96)