

**FILE ON OR BEFORE APRIL 8, 1998 TO AVOID  
REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP  
ANNUAL REPORT  
**1998**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

98 MAR -4 AM 11:44



<b>1. Name of Limited Partnership</b>		<b>1a. DOCUMENT #</b> <b>A16710</b>	
1850 APARTMENT ASSOCIATES, LTD.			
<b>Mailing Address</b>		<b>Principal Office Address</b>	
1850 NE 48TH ST. SUITE 136 POMPANO BEACH FL 33064		1850 NE 48TH ST. SUITE 136 POMPANO BEACH FL 33064	
<b>2. Mailing Address</b>		<b>2a. Principal Office Address</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip Country		Zip Country	
		<b>3. Date Formed or Registered</b> 03/28/1984	
		<b>3a. Date of Last Report</b> 12/17/1996	
		<b>4. State or Country of Formation</b> FL	
		<b>5a. Capital Contributions as Shown on record.</b> \$1,744,956.33	
		<b>5b. Amount of Capital Contributions in FLORIDA to date:</b>	
		<b>6. FEI Number</b> 59-2388681 <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
		<b>7. Certificate of Status Desired</b> <input type="checkbox"/> \$8.75 Additional Fee Required	
		<b>8. Make check payable to: Dept. of State (See reverse side for fee information)</b>	

<b>9. Name and Address of Current Registered Agent</b>		<b>10. If changed, new Registered Agent/Office</b>	
HUME & JOHNSON, P.A. 1401 UNIVERSITY DR. SUITE 301 CORAL SPRINGS FL 33071		Name Street Address (P.O. Box Number is Not Applicable) Suite, Apt. #, etc. City	
		02452957-3 -03/10/98--01094--007 ***526.25 ***526.25 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.**

<b>11. Name(s) of General Partner(s)</b>	<b>11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)</b>	<b>11b. City, State &amp; Zip Code</b>	<b>11c. Registration/Document Number</b>
KILBRIDE INT'L LEASING & IN	P. O. BOX 188	GREENVILLE VA 24440	F98000004888
			<i>Handwritten signature and date 3-10</i>

**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 *[Handwritten Signature]* DATE 12/15/97

Typed or Printed Name of General Partner Signing Form \_\_\_\_\_

CR2E003 (12/97)