

**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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 NOV 12 PM 2:02

with
11/14



1. Name of Limited Partnership WOODCLIFF APARTMENTS, LTD.	1a. DOCUMENT # A19162
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Mailing Address 2424 ENTERPRISE ROAD, SUITE G CLEARWATER FL 33763	Principal Office Address 2424 ENTERPRISE ROAD, SUITE G CLEARWATER FL 33763	3. Date Formed or Registered 02/20/1985	5a. Capital Contributions as Shown on record. \$245,000.00
2. Mailing Address 516 Lakeview Road Suite, Apt. #, etc. Unit 8 City & State Clearwater, Florida Zip 33756	2a. Principal Office Address 516 Lakeview Road Suite, Apt. #, etc. Unit 8 City & State Clearwater, Florida Zip 33756	3a. Date of Last Report 12/12/1997	
		4. State or Country of Formation FL	
		6. FEI Number 59-2626124	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
		7. Certificate of Status Desired <input checked="" 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 FLYNN, THOMAS F 2424 ENTERPRISE ROAD, SUITE G CLEARWATER FL 33763	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) 516 Lakeview Road Suite, Apt. #, etc. Unit 8 City Clearwater FL Zip Code 33756
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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) *Thomas F. Flynn* DATE 10/23/98

**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
FLYNN, THOMAS F	2424 ENTERPRISE ROAD, 516 Lakeview Rd, Unit 8	CLEARWATER FL 34623 33756	200002690042--1 -11/18/98--01004--013 ***535.00 ***535.00

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 628, Florida Statutes.

SIGNATURE *Thomas F. Flynn* DATE 10/23/98

Typed or Printed Name of General Partner Signing Form Thomas F. Flynn Daytime Telephone Number 727-449-1182 X 211

CR2E003 (8/98)