FILE ON OR BEFORE APRIL 7, 1999 TO AVOID REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1999

RESIDENTIAL PROPERTIES, LTD.



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

1a. DOCUMENT # **A19342**

FILED 60 MAY **-3** PM **5**: 00



Mailing Address 4242 ORTEGA BLVD.	Principal Office Address 4242 ORTEGA BLVD.		3. Date Formed or Registered 03/12/1985 3a. Date of Last Report	5a. Capital Contributions as Shown on record \$90,000.00	
JACKSONVILLE FL	JACKSONVILLE FL	JACKSONVILLE FL		5b. Amount of Capital Contributions in FLORIDA to date:	
2. Mailing Address	2a. Principal Office Address	2a. Principal Office Address			
Sulte, Apt. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		Applied For	
City & State	City & State	City & State		Not Applicable \$8.75 Additional	
Zip Country	Zip	Zip Country		Fee Required 8. Make check payable to Dept. of State (See reverse side for fee information	
9. Name and Address	of Current Registered Agent		10, If changed, new Registered	Agent/Office	
for the purpose of changing its registers agent. I am familiar with, and accept the SIGNATURE (Registered Agent Accepting Appoi	THAT IS A CORPORATION, MUST BE REGISTERED AN	Suite, Apt #, etc. City ed limited partnership or ida. Such change was LIMITED PAND ACTIVE N	authorized by its general partner(s) Therei DATE ARTNERSHIP OR OTHI	ER BUSINESS ENTITY	
11. Name(s) of General Partner(s)	11a. (Do NOT Use Post Office Bo	al Partner ox Numbers) 11t	City, State & Zip Code	11c. Registration/ Document Number	
WALTERS, J B JR.	4242 ORTEGA BLVD.	#11	-0571	98732661 3/9901089016 536.27 ****526.25	

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. Lido hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 1.19.07(3)(k). Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 1.19.07(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 James

JAMES B. WATERS. JOR

DATE 4-10-99

Daylime Telephone Number (904) 358-1877

:R2E003 (12/98)