

FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP  
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS

**FILED**  
98 DEC 11 AM 10:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



1. Name of Limited Partnership	1a. DOCUMENT # <b>A19776</b>
FOREST HIGHLANDS APARTMENTS, LTD.	

Mailing Address 650 DOUGLAS AVE. SUITE 1000 ALTAMONTE SPRINGS FL 32714		Principal Office Address 650 DOUGLAS AVE. SUITE 1000 ALTAMONTE SPRINGS FL 32714		3. Date Formed or Registered <b>04/25/1985</b>	5a. Capital Contributions as Shown on record.  <b>\$697,500.00</b>
2. Mailing Address 405 Douglas Avenue Suite, Apt. #, etc. Suite 2605 City & State Altamonte Springs, FL Zip Country 32714 USA		2a. Principal Office Address 405 Douglas Avenue Suite, Apt. #, etc. Suite 2605 City & State Altamonte Springs, FL Zip Country 32714 USA		3a. Date of Last Report <b>01/23/1998</b>	
				4. State or Country of Formation <b>FL</b>	5b. Amount of Capital Contributions in FLORIDA to date:  <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
				6. FEI Number <b>59-2525190</b>	
				7. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> 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  HAYNES, DELTON L 650 DOUGLAS AVE. SUITE 1000 ALTAMONTE SPRINGS FL 32714	10. If changed, new Registered Agent/Office Name <b>000002715598-7</b> -12/18/98--01028--024 Street Address (P.O. Box Number Is Not Acceptable) ***526.25 ***526.25 405 Douglas Avenue Suite, Apt. #, etc. Suite 2605 City Altamonte Springs, <b>FL</b> Zip Code 32714
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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) \_\_\_\_\_ 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
BERT, JOSEPH F.	405 x800 DOUGLAS AVE., SUI 2605	ALTAMONTE SPRINGS FL 32714	
HAYNES, DELTON L.	405 x800 DOUGLAS AVE., SUI 2605	ALTAMONTE SPRINGS FL 32714	
CERTIFIED FINANCIAL SERV	405 x800 DOUGLAS AVE., SUI 2605	ALTAMONTE SPRINGS FL 32714	F31805

**AL DEC 15 1998**

**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 *Delton L. Haynes* DATE 12/8/98

Typed or Printed Name of General Partner Signing Form Delton L. Haynes Daytime Telephone Number 407/862-1303

CR2E003 (8/98)