FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1998



BROOKWOOD APARTMENT ASSOCIATES, LTD.

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

1. Name of Limited Partnership

DOCUMENT# A20827

98 JAN -5 AM 11: 34



Mailing Address		Principal Office Address			3. Date Formed or Registered	5a. Capital Contributions as Shown on record.	
P.O. BOX 49948		240 S. PINEAPPLE AVE., 10TH FLOOR			09/24/1985	ATON OOD OO	
SARASOTA FL 34296		SARASOTA FL 34238			3a. Date of Last Report	\$760,000.00	
					01/02/1997	5b. Amount of Capital Contributions in FLORIDA	
2. Mailing Address		28. Principal Office Address			4. State or Country of Formation	to date:	
				FL	\$760,000.00		
Sulte, Apt. #, etc.		Suite, Apt. #, etc.			6, FEI Number		
City & State		City & State			59-2584002	Applied For Not Applicable	
					7. Certificate of Status Desired	\$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				
KALIN, EDWA	NDD		Name				
5252 S. TAM			Street Address (P.O. Box Number Is Not Acceptable)				
SARASOTA F			Sulte, Apt #, etc.				
			City			Zip Code	
						<u>FL</u>	
for the purp		registered agent, or both, in the State of F				ne State of Florida, submits this statement eby accept the appointment of registered	
	ered Agent Accepting Appointment)			_	DATE		
A GENER	RAL PARTNER THAT MUST	FBE REGISTERED A	ND ACTI	PART VE WIT	NERSHIP OR OTHE 'H THIS OFFICE.	R BUSINESS ENTITY	
11. Name(s)	of General Partner(s)	11a. Address of Each Gene (Do NOT Use Post Office		11b.	City, State & Zip Code	11c. Registration/ Document Number	
BROOKWOOD MANAGEMENT, INC. 240 S. PINEAPPLE		240 S. PINEAPPLE AVE.	•	SARASOTA FL 34236		P96000062435	
					1 00002 -01/21 *****5	4073917 /9801113001 41.25 ****541.25	
4							
Note: Gene	eral partners MAY NOT	be changed on this for	m: an am	endmei	nt must be filed to cha	ange 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 eath. I further certify that I am a General Partner of the limited partnership, receiver or trustee