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

LIMITED PARTNERSHIP ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

2. Malling Address

Suite, Apt. #, etc.

City & State

Zip

11.

DOCUMENT #

FILED 97 SEP 25 PM 1: 52 SECRETARY OF STATE TALLAHASSEE, FLORIDA



8. Make check payable to: Dept. of State (See reverse side for fee information)

3. Date Formed or Registered

12/30/1985

**58.** Capital Contributions as Shown on record.

\$10,222,489.00

222 489.00

\$8.75 Additional Fee Required

Registration/

🛄 Applied For Not Applicable

ROUSE-TEACHERS	ROOSEVELT LIMITED	PARTNERSHIP
		98-ARon

Mailing Address Principal Office Address % ANGELA MEASE % ANGELA MEASE 10275 LITTLE PATUXENT PARKWAY MORE LITTLE BATHVENT DADIMIAV **COLUMBIA MD 21044-3458** 

Zip

COLUMBIA MD 21044-3456		38. Date of Last Report	
		10/11/1996	5b. Amount of Capital Contributions in FLORIDA
		4. State or Country of Formation	to date:
	2a. Principal Office Address	_ MD	10, 222, 489
	Suite, Apt. #, etc.  City & State	6. FEI Number 52-1382177	Applied For Not Applicab
	,	7. Certificate of Status Desired	\$9.75 Additio

9. Name and Address of Current Registered Agent	10. If changed, new Registered Agent/Office		
C T CORPORATION SYSTEM	Name		
1200 S. PINE ISLAND ROAD	Street Address (P.O. Box Number Is Not Acceptable)		
PLANTATION FL 33324	Sulte, Apt #, etc.		
	City Zip Code		

Country

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)

Name(s) of General Partner(s)

Country

City, State & Zip Code

11c.

## A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE 11a. Address of Each General Partner (Do NOT Use Post Office Box Number

ROUSE-TEACHERS PROPERTIE	10275 LITTLE PATUXENT	COLUMBIA MD	P00792
HUNT VALLEY TITLE HOLDING CO	10275 LITTLE PATUXENT	COLUMBIA MD	F9600000793
			<b>D4178</b> —5 701124021 .25 ****541.25

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

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), Fiorida 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 span 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 poort as quired by chapt Florida Statutos.

SIGNATURE

Typed or Printed Name of General

Mauski VP of Canl. PaTMer Daytime Telephone Number