FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1997

HIDDEN ACRES APARTMENTS, LTD.



FLORIDA DEPARTMENT OF STATE

Sandra Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

DOCUMENT# A22094

FILED SECRETARY OF STATE DIVISION OF COMPERATIONS

96 OCT 29 AM 9: 31 mmtn 10/36



Mailing Address 6954 AMERICANA PARKWAY REYNOLDSBURG OH 43068 US		Principal Office Address 6954 AMERICANA PARKWAY REYNOLDSBURG OH 43068 US			3. Date Formed or Registered 02/24/1986 3a. Date of Last Report 11/07/1995 4. State or Country of Formation FL 6. FEI Number 59-2690354		5a. Capital Contributions as Shown on record	
							nt of Capital butions in FLORIDA	
2. Mailing Address		2a. Principal Office Address					to date:	
Suite, Apt. #, etc		Suite, Apt. #, etc.					Applied For	
City & State		City & State	City & State		7. Certificate of Status Desired	■ Not Applicable		
Zıp	Country Z _I p		Country	The Classical Control of the Classical Control			Fee Required	
9. Name and Address of Current Registered Agent				10. If changed new Registered Agent/Office				
C T CORPORATION SYSTEM				Name				
1200 SOUTH PINE			Street Address (P.O. Box Number Is Not Acceptable)					
PLANTATION FL 33324			Suite, Apt #, etc					
			City				Zip Code	
			City			FL	7 ip Code	
for the purpose of ch	anging its registered office or	nd 620-192. Florida Statutes, the above-nami r registered agent, or both, in the State of Flo ns of section 620-192, Florida Statutes						
SIGNATURE (Registered Agent Accepting Appointment)			DATE					
A GENERAL P		IS A CORPORATION, I T BE REGISTERED AN				R BUSI	NESS ENTITY	
11. Name(s) of Genera	al Partner(s)	Address of Each Gener (Do NOT Use Post Office B	Address of Each General Partner (Do NOT Use Post Office Box Numbers)		City, State & Zip Code	11c.	Reg stration/ Document Number	
CARDINAL REALTY SERVICES, IN		6954 AMERICANA PAR	6954 AMERICANA PARKWA		REYNOLDSBURG OH 43068		855175	
			;		400001 -10/31 ****1	9923 79603 91.25	B149 1067008 ****191.25	
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•								
•								
Note: General n	artners MAV NO	T be changed on this form	n' an am	endme	nt must be filed to ch	ange a g	eneral nartner	
Hote. General p	CILICIS WAT NO	The changed on this lon	ii, aii aiii	CHUILLE	in mast be med to on	unge a y	chicrai partifer.	

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 1 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 sume 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 a quired by challeful a limited.

SIGNATURE

Typed or Printed Name of General Partner Signing Form CORCALIVA /

Daytime Telephone Number _ 6/4/37/5 5/203