


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 PARKCREST APARTMENTS, LTD.		1a. DOCUMENT # A22281	

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 NOV 19 AM 10:59



2. Mailing Address P.O. BOX 24943 FT. LAUDERDALE FL 33307-4943		2a. Principal Office Address 150 NE 38TH ST. OAKLAND PARK FL 33334		3. Date Formed or Registered 03/27/1986	5a. Capital Contributions as Shown on record. \$490,000.00
3a. Date of Last Report 01/07/1997		4. State or Country of Formation FL		5b. Amount of Capital Contributions in FLORIDA to date: 408,789.64	
6. FEI Number 59-2660145		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable			
7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		8. Make check payable to: Dept. of State (See reverse side for fee information)			

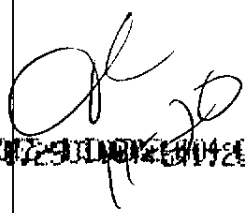
9. Name and Address of Current Registered Agent BANTA, BRADFORD C. PARKCREST APTS. OFFICE 150 N.E. 38TH STREET OAKLAND PARK FL 33334		10. If changed, new Registered Agent/Office Name _____ Street Address (P.O. Box Number Is Not Acceptable) _____ Suite, Apt. #, etc. _____ City _____ State _____ Zip Code _____	
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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
BANTA, BRADFORD C	1409 MIDDLE RIVER DR.	FT. LAUDERDALE FL 333	 20000220290000000000
BANTA, CATHERINE M	1409 MIDDLE RIVER DR.	FT. LAUDERDALE FL 333	
BANTA, MARY L	1425 MIDDLE RIVER DR.	FT. LAUDERDALE FL 333	

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 _____

DATE 11-13-97

Typed or Printed Name of General Partner Signing Form **BRADFORD C. BANTA**

Daytime Telephone Number **954 566-0759**

CR2E003 (6/97)