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

1a. DOCUMENT # **A22946** FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

12:27 PH 2:27



WOODLAND TRAIL APARTMENTS, LTD.		1 HE HADY LADIA ALBAD HADE ATYAK		
Malling Address	Principa' Office Address	3, Date Formed or Registered	5a. Capital Contributions as Shown on record	
4311 W. WATERS AVE.	4311 W. WATERS AVE.	07/21/1986	\$1,980,000.00 5b. Amount of Capital Contributions in FLORIDA	
SUITE 402	SUITE 402	3a. Date of Last Report		
TAMPA FL 33614	TAMPA FL 33614	01/27/1997		
2. Malling Address	2a. Principal Office Address	4. State or Country of Formation	Contributions in FLORIDA to date:	
Sulte, Apt. #, etc.	Suite, Apt. #, etc.	FL 6. FE! Number	<u> </u>	
20.		59-2714547	Applied For	
City & State	City & State	7. Certificate of Status Desired	Not Applicable	
Zip Country	Zip Country		\$8.75 Additional Fee Required	
		B. Make check payable to: Dept. of	State (See reverse side for fee informatio	
9. Name and Address of Current I	Registered Agent	10. If changed, new Registere	nd Agent/Office	
No. Name and Address of Content (1895) and Agent		10. I changed, new neglistered Agent/Onice		
4311 W. WATERS AVE.		eel Address (P.O. Box Number Is Not Acceptable)		
		Suite, Apt. #, etc.		
		City FL 7ip Code		
IGNATURE (Registered Agent Accepting Appointment) A GENERAL PARTNER THAT I MUST	S A CORPORATION, LIMITE BE REGISTERED AND ACT	D PARTNERSHIP OR OTHE		
1. Name(s) of General Partner(s)	11a. Address of Each General Partner (Do NO1 Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number	
CUMBERLAND REAL ESTATE HOLDI	4311 W. WATERS AVE. #	TAMPA FL	H 495 10	
. Sust, list lonalbooks Amondment			P97800088023	
Busynsuz		300002 -01/14 ****5	4004431 /9801103010 41.25 ****541.25	
1				
Note: General partners MAY NOT	be changed on this form; an ar	nendment must be filed to cha	ange a general partner.	
 I do hereby certify that the information supplied with thi Corporations from any liability of non-compliance with s this annual report is true and accurate and that rify sign empowered to execute this report as acquired by chapt 	s tiling is voluntarily by hed and doos not qualify for i section 119.07(3) Key the ovent that the information su adure shall beyonic same legal effects as if made und	he exemption stated in Section 119.07(3)(k), Florida pplied is deemed exempt from public access. I furth	Statutes. I release the Division of er certify that the information indicated or	
IGNATURE		DA1E .	12-22-97	
ped or Printed Name of General Partner Signing Form	JOSEPH WILLIA	M_S Daytime Telephone Number	813 882-0589	