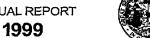
HILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT

SIGNATURE

Typed or Printed Name of General Partner Signing Form _______ COUT





Secretary of State DIVISION OF CORPORATIONS

FILED 98 DEC 29 PM 4: 30

| 1. Name of Limited Partnership | 1a. DOCUMEN1 # A23211 | | | SECRETARY OF STATE TALLAHASSEE, FLORIDA | | | |
|--|---|---|-----------------|--|--|---|--|
| RIDGE VIEW APARTMENTS, LTD. | | | | | | | |
| Mailing Address | Principal Office Address | Principal Office Address | | 3. Date Formed or Registered | 5a. Capit | al Contributions as | |
| 1002 W. 23RD ST. SUITE 400 *CALLER BOX 17 PANAMA CITY FL 32405 | 1002 W. 23RD ST. SUITE 400 GALLER BOX-17 PANAMA CITY FL 32405 | | | 09/11/1986 3a. Date of Last Report 12/29/1997 4. State or Country of Formation | \$312,000.00 5b. Amount of Capital Contributions in FLORIDA | | |
| 2. Mailing Address | 2a. Principal Office Address | 2a. Principal Office Address | | | to date: | | |
| Suite, Apt. #, etc. City & State | Suite, Apt. #, etc. City & State | | | FL 6. FEI Number 59-2695879 | Applied For Not Applicable | | |
| Zip Country | Zip Country | | | 7. Certificate of Status Desired 8. Make check payable to: Dept. of S | \$8.75 Additional Fee Required State (See reverse side for fee information) | | |
| 9, Name and Address of Current Registered Agent Name | | | | 10. If changed, new Registered Agent/Office | | | |
| | | Suite, Apt #, etc. Suite, Apt #, etc. Suite, Apt # dec. Suite, Apt | | | | | |
| SIGNATURE (Registered Agent Accepting Appointment) A GENERAL PARTNER THAT | IS A CORPORATION, | LIMITED | PARTN | IERSHIP OR OTHE | R BUSII | NESS ENTITY | |
| MUS 11. Name(s) of General Partner(s) | T BE REGISTERED AT Address of Each Gene | BE REGISTERED AND ACTIVE | | WITH THIS OFFICE. | | | |
| ROYAL AMERICAN DEV., INC | 1002 W. 23RD ST. #400 |] | PANA | MA CITY FL | 598 | 978 JAN JAN SEEDSTANDARY Peneral partner. | |
| Note: General partners MAY NOT 12. I do hereby certify that the information supplied with the Corporations from any liability of non-compliance with this annual report is true and accuracy and that my significant supplies the contract of | is filing is voluntarily furnished and does no Section 119.07(3)(k) in the event that the i nature shall have the same legal effects as | ot qualify for the e | exemption state | ed in Section 119.07(3)(k), Florida Sta exempt from public access. I further of | tutes. I releas certify that the | e the Division of information Indicated on | |

Daytime Telephone Number 500