

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. Martham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 DEC 26 PM 2:15 *AK/17*



TOWNHOUSE APARTMENTS, LTD.

Mailing Address
TOWNHOUSE APARTMENTS, LTD.
P.O. BOX 330478
MIAMI FL 33233-0478

Principal Office Address
8800 SW 68TH COURT
MIAMI FL 33156

3. Date Formed or Registered
02/05/1987

5a. Capital Contributions as
Shown on record.
\$1,500,000.00

3a. Date of Last Report
12/19/1996

5b. Amount of Capital
Contributions in FLORIDA
to date:
\$1,500,000.00

4. State or Country of Formation
FL

2. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

2a. Principal Office Address
Suite, Apt. #, etc.
City & State
Zip Country

6. FEI Number
59-2767146

7. Certificate of Status Desired
 \$8.75 Additional
Fee Required

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

Applied For
 Not Applicable

9. Name and Address of Current Registered Agent

PAUL OXLEY
1541 BRICKELL AVENUE
APT. #A401
MIAMI FL 33129

10. If changed, new Registered Agent/Office

Name

Street Address (P.O. Box Number Is Not Acceptable)

Suite, Apt. #, etc.

City

Zip Code

FL

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

CHATEAU ELIZABETH, INC.

ONE E. LIBERTY ST., #

RENO NV

P14314

800002394698--3
-01708/98--01110--006
****541.25 ****541.25

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 *Paul Oxley*

Paul Oxley

President of Chateau Elizabeth, Inc.

Daytime Telephone Number

305-859-9337

Typed or Printed Name of General Partner Signing Form

CR2E003 (6/97)