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

## LIMITED PARTNERSHIP ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

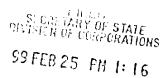
Segretary of State **DIVISION OF CORPORATIONS** 

1. Name of Limited Partnership

DOCUMENT # **A24906** 

empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE \_



C/R FLORIDA ASSOCIATES	L.P., LTD.			
Malling Address  THE RELATED COMPANIES. INC.	Principal Office Address THE RELATED COMPANIES. INC.	3. Date Formed or Registered 07/22/1987	5a. Capital Contributions as Shown on record.	
625 MADISON AVENUE NEW YORK NY 10022	625 MADISON AVENUE NEW YORK NY 10022	3a. Date of Last Report 02/13/1998	5b. Amount of Capital Contributions in FLORIDA to date	
2. Mailing Address	2a. Principal Office Address	4. State or Country of Formation DE		
Suite, Apt. #, etc.	Suite, Apt. #, etc.	6. FEI Number 13-3459079	Applied For Not Applicable	
City & State	City & State	7. Certificate of Status Desired	\$8,75 Additional	
Zip Country	Zip Count		Fee Required  If State (See reverse side for fee information)	
9. Name and Address of Current Registered Agent		10. If changed, new Register	10. If changed, new Registered Agent/Office	
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324		Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc		
		FL Zip Code		
10a. Pursuant to the provisions of sections 620:1051 for the purpose of changing its registered office of agent. I am familiar with, and accept the obligation of the section of the secti	or registered agent, or both, in the State of Florida. Suc-	d partnership organized or registered under the laws of the horage was authorized by its general partner(s). I here	by accept the appointment of registered	
A GENERAL PARTNER THA	T IS A CORPORATION, LIMI ST BE REGISTERED AND A	TED PARTNERSHIP OR OTH CTIVE WITH THIS OFFICE.	ER BUSINESS ENTITY	
11., Name(s) of General Partner(s)	11a. Address of Each General Parine (Do NOT Use Post Office Box Numb	er 11b. City, State & Zip Code	11c. Registration/ Document Number	
RELATED ADVANTAGED RESIDENTI	%625 MADISON AVENUE	NEW YORK NY	P20026	
HUTTON ADVANTAGED HOUSING AS	%625 MADISON AVENUE	NEW YORK NY	P20027	
		300002 -03/0 ****	27913034 01/3901153002 041.25 ****141,25	
Note: General partners MAY NO	T be changed on this form; an	amendment must be filed to ch	nange 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

borporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information storpied 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