

**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 Secretary of State DIVISION OF CORPORATIONS
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FILED
99 JAN -5 PM 1:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Name of Limited Partnership	1a. DOCUMENT # A29134
DOUGLAS ENTRANCE HOLDINGS LIMITED PARTNERSHIP	



Mailing Address C/O LOUIS DREYFUS PROPERTY GROUP, INC. P.O. BOX 810 WILTON CT 06897-0810	Principal Office Address C/O LOUIS DREYFUS PROPERTY GROUP, INC. 10 WESTPORT ROAD WILTON CT 06897	3. Date Formed or Registered 10/30/1989	5a. Capital Contributions as Shown on record. \$50.00
2. Mailing Address	2a. Principal Office Address	3a. Date of Last Report 01/02/1998	5b. Amount of Capital Contributions in FLORIDA to date:
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. State or Country of Formation DE	
City & State	City & State	6. FEI Number 13-3544097	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
Zip	Country	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 CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	10. If changed, new Registered Agent/Office
	Name
	Street Address (P.O. Box Number is Not Acceptable)
	Suite, Apt. #, etc.
	City
	FL Zip Code

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
DWS FLORIDA HOLDINGS, INC	C/O 10 WESTPORT ROAD	WILTON CT 06897	P28293
AP HOYA II, L.P.	2 MANHATTANVILLE ROAD	PURCHASE NY 10577	B97000000057
LD RESIDUAL LLC	24 RICHMOND HILL AVEN	STAMFORD CT 06901	M96000000263

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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 *Hal Wolkin* DATE 12/22/98

Typed or Printed Name of General Partner Signing Form Hal Wolkin, VP of DWS Florida Holdings Telephone Number (203) 761-8242

CR2E003 (8/98)