## 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** 

1. Name of Limited Partnership

**DOCUMENT #** A29326

## PC 3691

98 DEC 30 PM 12: 30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REALTY CONSOLIDATED NO. 1, LTD.							
Mailing Address P.O. BOX 1920 1505 FEDERAL ST.	Principal Office Address P.O. BOX 1920 1505 FEDERAL ST.			3. Date Formed or Registered 12/11/1989 3a. Date of Last Report	5a. Capital Contributions as Shown on record.		
DALLAS TX 75221  2. Mailing Address	DALLAS TX 75221  2a. Principal Office Address			12/30/1997  4. State or Country of Formation	l (O Qa	unt of Capital ributions in FLORIDA to:	
Suite, Apt. #, etc.	Suite, Apt. #, etc.			TX 6. FEI Number			
City & State	City & State			75-2295932	Applied For Not Applicable		
Zip Country	Zip Country			7. Certificate of Status Desired	\$8.75 Additional Fee Required		
		<u> </u>		8. Make check payable to: Dept. of S	State (See rev	erse side for fee information)	
9 Name and Address of Current	Registered Agent	- 1		10. If changed, new Registered Agent/Office			
C. T. CORPORATION SYSTEM			Name				
1200 S. PINE ISLAND ROAD PLANTATION FL 33324	Street Address (P.O. I Suite, Apt. #, etc.			Box Number is No. Action 10. 17. 20. 99 01.084 005 1. 184 185 18			
I ENTINION I E GOOD!		City			FL	Zip Code	
agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.  SIGNATURE (Registered Agent Accepting Appointment)  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 (Do NOT Use Post Office Bo	al Partner ox Numbers)	11b.	City, State & Zip Code	11c.	Registration/ Document Number	
REALTY CONSL. MGMT., INC	3300 LINCOLN PLAZA		DALLAS TX		P27230 99		
				500002 -01/20 ******	748 799-0 52.50	225——1 1084—006 *****\$2.50	
!							
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	Bess-Code.	Att	un so Pracy	DATEDATE	121	2198	
Typed or Printed Name of General Partner Signing Form		FUT	W46Y	Page Mephone Number	(214)	740_4440	