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

LIMITED PARTNERSHIP ANNUAL REPORT 1999



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

SIGNATURE.

Typed or Printed Name of General Partner Signing Form

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

1a. DOCUMENT # **A30764**

FILED
DIVISION OF CORPORATIONS
98 OCT 23 AM 10: 14

ARBOR VILLAGE LTD. OF TALLAHASSEE Mailing Address Phropiol Office Address 2750 OLD ST. AUGUSTINE ROAD TALAHASSEE FI. 22201 TALAH		7,0070-			_			
Second State South Country Second State Second	ARBOR VILLAGE LTD. OF TA	ALLAHASSEE						
TALLAHASSEE FL 32301 TALLAHASSEE FL 32303	Mailing Address	Principal Office Address	Principal Office Address			5a. Capital Contributions as Shown on record.		
2. Mailing Address				3a. Date of Last Report				
2a. Mailing Address 2a. Principal Office Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State City & State Country Zip Country Andress of Current Registered Agent 10. If changed, new Registered Agent/Ciffice Street Address (PO. Box Number is Not Accompanion) TALLAHASSEE FL 32308 Signa, Apt. #, etc. Zip Zip Suite, Apt. #, etc. Zip Signa, Apt. #, etc. Zip Zip Zip Signa, Apt. #, etc. Zip Zip Zip Zip Zip Zip Zip Zi						≀ Contrit	XULIONS IN FLORIDA	
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Country Zip Country Zip Country Zip Country Registered of States Deptided \$8.75 Additional Fee Required Rep Req Rep Rep Req Rep	Suite, Apt. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		6. FEI Number	Not Applicable		
Summary Summ	City & State	City & State	City & State					
9. Name and Address of Current Registered Agent 10. If changed, new Registered Agent/Office Name	Zip Country	Zip	Country				Fee Required	
Name Stroot Address (P.O. Box Number is Not Acceptable) Stroot Acceptable) Stroot Acceptable					8. Make check payable to: Dept. of S	Rate (See rever	se side for fee information)	
BOOTH, EDGAR 1424 EAST PIEDMONT DRIVE, SUITE 201 TALLAHASSEE FL 32308 Suite, Apt. 8, etc. Suite, Apt. 9, etc. 9, etc. 9, etc. 9, etc.	9. Name and Address of Current Registered Agent							
TALLAHASSEE FL 32308 Sulto, Apt. #, etc. 10a. Pursuant to the provisions of sections \$20,1051 and \$20,192, 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(e), Thereby accept the appointment of registered agent, or both, in the State of Florida. Such change was authorized by its general partner(e), Thereby accept the appointment of registered gent. I am familiar with, and accept the obligations of section 520,192, 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. (Do NOT Use Foot Office Box Numbers) Address of Each General Partner 11b. City, State & Zip Code 11c. (Registration/Document Number) ARBOR PROPERTIES, INC. 2750 OLD ST. AUGUSTINE Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.	ROOTH FOGAR		Name					
Suite, Apt. 8, etc. 10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the taws 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 Floridas. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent, 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 Partner MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. 11b. City, State & Zip Code 11c. Registration/ Document Number ARBOR PROPERTIES, INC. 2750 OLD ST. AUGUSTINE QD. TALLAHASSEE FL 32301 P31581 Note: General partners MAY NOT be changed on this form; an amendment must be filled to change a general partner.			SUUUUSACAUSS (
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	12 I do hereby certify that the information supplied wit	h this filing is voluntarily furnished and does no	ot qualify for the	exemption :	stated in Section 119.07(3)(k), Florida St	atutes. I releas	e the Division of	

this annual report is true and accurate and that my signature shall have the same legal effects as if made under cath. I further certify that I am a General Partner of the limited partnership, receiver or trustee