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

FILED Wilks

1999	DIVISI	ION OF CORPORATION	ONS TO MOUL GO	DM 12: 13	
1. Name of Limited Partnership		1a. DOCUMENT # A31490		98 NOV 23 PM 12: 13 SECRETARY OF STATE TALLAHASSEE FLORIDA	
ROYAL SHERIDAN APARTMENTS LTD.					
Mailing Address	Principal Office Address		3. Date Formed or Registered	5a. Capital Contributions as Shown on record.	
4200 SHERIDAN STREET	4200 SHERIDAN STREE	4200 SHERIDAN STREET HOLLYWOOD FL 33021			
HOLLYWOOD FL 33021				\$100.00	
			12/31/1997	5b. Amount of Capital Contributions in FLORIDA	
Mailing Address 2a. Principal Office Address		4. State or Country of Formatio	Contributions in FLORIDA to date:		
Z. Mailing Address	Za. Principal Office At	Za. Praicipal Onice Aboress			
Suite, Apt. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		Applied For	
City & State	City & State		65-0255513	Not Applicable	
Zip Country	Zip	Country	7. Certificate of Status Desired	\$8.75 Additional Fee Required	
Zip Country		Country	8. Make check payable to: Dept	of State (See reverse side for fee information)	
Q Name and Address	ess of Current Registered Agent		10 If chanced now Peole	orad AcentiOffica	
		Name	10. If changed, new Registered Agent/Office Name		
LETO, PETER J., SR.		Street Addr	Street Address (P.O. Box Number Is Not Acceptable)		
4200 SHERIDAN STREET HOLLYWOOD FL 33021		Suite, Apt.	Suite, Apt. #, etc.		
110661440001 (00021		City	<u> </u>	Zip Code	
4.4.				<u>FL</u>	
for the purpose of changing its regist agent. I am familiar with, and accept	s 620,1051 and 620,192, Florida Statutes, the a ered office or registered agent, or both, in the S the obligations of section 620,192, Florida Statu	tate of Florida. Such chang	ge was authorized by its general partner(s), i he	sreby accept the appointment of registered	
SIGNATURE (Registered Agent Accepting App A GENERAL PARTNEI	R THAT IS A CORPORAT	ION, LIMITED		IER BUSINESS ENTITY	
	MUST BE REGISTERE	ED AND ACTIV	/E WITH THIS OFFICE.		
11. Name(s) of General Partner(s)	11a. Address of E	ach General Partner est Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number	
LETO ENTERPRISES, INC.	4200 SHERIDAN	ST.	HOLLYWOOD FL 33021	P96000058594 (86/9) ESPSISION 1	
•	;		800002 -12/0	699308—1 /38-01076-003	
•			****	141.25 ****141.25	
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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 eath. 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 DATE 11/8/98					
Typed or Printed Name of General Partner Signing Form PETER LETO SR. Daytime Telephone Number 954 1988 3323					