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

LIMITED PARTNERSHIP

SIGNATURE

Typed or Printed Name of General Partner Signing Form



FLORIDA DEPARTMENT OF STATE

SECRETIFIED

ANNUAL REPORT 1999	Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		DIVISION OF CORPORATIONS 98 DEC 14 AM 10:53		
1. Name of Limited Partnership	1a. DOCUMENT # A31844			+ нп W: 53	
CAROLWOOD APARTMENTS O	OF FLORIDA, LTD.		M12/21		
Mailing Address	Principal Office Address		3. Date Formed or Registered	5a. Capital Contributions as Shown on record.	
2296 W. AIRPORT BLVD SANFORD FL 32771	2296 W. AIRPORT BLVD SANFORD FL 32771		08/07/1991 3a. Date of Last Report 12/26/1997	\$160,000.00 5b. Amount of Capital Contributions in FLORIDA	
2. Mailing Address	2a. Principal Office Address		4. State or Country of Formation	to date:	
Suite, Apt. #, etc.	Sulte, Apt. #, etc.		6, FEI Number 58-1954783	Applied For Not Applicable	-
City & State	City & State		7. Certificate of Status Desired	\$8.75 Additional	-
Zip Country	Zip C	Zip Country		Fee Required tate (See reverse side for fee information	χη)
9. Name and Address of Current F	Registered Agent		10. If changed, new Registered	Agent/Office	_}
CANFLOR MANAGEMENT, INC.		Name			
2296 W. AIRPORT BLVD	ļ	Street Address (P.O.	Box Number Is Not Acceptable)		-
SANFORD FL 32771		Suite, Apt. #, etc.			
		City		FL Zip Code	
10a. Pursuant to the provisions of sections 620.1051 and for the purpose of changing its registered office or regagent. I am familiar with, and accept the obligations of	sistered agent, or both, in the State of Florida				t
SIGNATURE (Registered Agent Accepting Appointment)			DATE_		=
A GENERAL PARTNER THAT I MUST	BE REGISTERED AND	ACTIVE W	THERSHIP OR OTHER		*
11. Name(s) of General Partner(s)	11a. Address of Each General Log NOT Use Post Office Box	Numbers) 11b.	City, State & Zip Code	11c. Registration/ Document Number	<u> </u>
GANFLOR GENERAL, INC.	-390 CAROLINA AVE #250		NTER PARK FL 32789	L75519	003 (8/98)
	2296 Warpo Blvd	A Sa	nford, A	ļ	CR2E00
	10/va		32771		
		,	700027 -12/24/9 ****\$21	226672 8-01109001 5125 ****526.25	
Note: General partners MAY NOT	be changed on this form	; an amendm	ent must be filed to cha	nge a general partner	
12. I do hereby certify that the information supplied with this filling 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 sign- empowered to execute this report as required by chapte	ature shall have the same legal effects as if r				
Time and to the state of the st	7			1	1