

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 SECRETARY OF STATE DIVISION OF CORPORATIONS 98 DEC 14 AM 8:35 with 12/21	
1. Name of Limited Partnership  ATLANTIC PINES APARTMENTS, LTD.		1a. DOCUMENT # A32907			
Mailing Address 430 NE THIRD ST., #5 P.O. BOX 2917 CRYSTAL RIVER FL 34423		Principal Office Address 430 NE THIRD ST., #5 P.O. BOX 2917 CRYSTAL RIVER FL 34423		3. Date Formed or Registered 05/04/1992	
2. Mailing Address Suite, Apt. #, etc. City & State Zip Country		2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country		3a. Date of Last Report 03/06/1998	
				4. State or Country of Formation FL	
				5a. Capital Contributions as Shown on record. \$204,671.00	
				5b. Amount of Capital Contributions in FLORIDA to date:	
				6. FEI Number 59-3147856 <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
				7. Certificate of Status Desired <input checked="" 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 WILSON, MAUREEN 430 NE THIRD ST., #5 CRYSTAL RIVER FL 34423				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					
FLORIDA LOW INCOME HOUSING A NATIONAL CORPORATE TAX CREDI		427 N.E. THIRD STREET 9090 WILSHIRE BLVD.,		CRYSTAL RIVER FL BEVERLY HILLS CA 9021	
N31431 F94000001201		000002722680--2 -12/24/98--01109--013 ****535.00 ****535.00			
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  DATE 12/9/98					
Typed or Printed Name of General Partner Signing Form Maureen Wilson Daytime Telephone Number _____					

CR2E003 (8/98)