
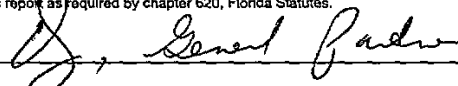


FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

FILED

98 DEC 24 AM 9:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED PARTNERSHIP ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
1. Name of Limited Partnership TREE HOUSE TOWNHOMES, LTD.		1a. DOCUMENT # A33170	
Mailing Address ATTN: OFFICE 1828 WEST PENSACOLA STREET TALLAHASSEE FL 32304		Principal Office Address ATTN: OFFICE 1828 WEST PENSACOLA STREET TALLAHASSEE FL 32304	
2. Mailing Address		2a. Principal Office Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip Country		Zip Country	
3. Date Formed or Registered 07/13/1992		5a. Capital Contributions as Shown on record. \$102,000.00	
3a. Date of Last Report 01/06/1998		5b. Amount of Capital Contributions in FLORIDA to date:	
4. State or Country of Formation FL		<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
6. FEI Number 59-3179998		<input type="checkbox"/> \$8.75 Additional Fee Required	
7. Certificate of Status Desired		8. Make check payable to: Dept. of State (See reverse side for fee information)	
9. Name and Address of Current Registered Agent COOPER, CHARLES L. JR. 3375-A CAPITAL CIRCLE, N.E. TALLAHASSEE FL		10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) 2414 East Plaza Drive 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 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 obligation of Florida.			
SIGNATURE (RA) A GENERAL PARTNER		DATE	
LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY AND ACTIVE WITH THIS OFFICE.			
11. Name(s) RAINEY, DENISE		11b. City, State & Zip Code TALLAHASSEE FL 32304	11c. Registration/ Document Number 600002742966--5 -01/15/99-01007--006 ***1353.05 ****\$26.25
Note: General Partner may 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 12/24/98	
Typed or Printed Name of General Partner Signing Form		Daytime Telephone Number	

CR2E003 (8/98)

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