

FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 97 OCT 27 PM 12:14 	
1. Name of Limited Partnership WINDSONG APARTMENTS LIMITED PARTNERSHIP		1a. DOCUMENT # A92000000141			
Mailing Address 290 KING OF PRUSSIA RD. BUILDING 2, STE. 122 RADNOR PA 19087-5111		Principal Office Address 290 KING OF PRUSSIA RD. BUILDING 2, STE. 122 RADNOR PA 19087-5111		3. Date Formed or Registered 12/10/1992 3a. Date of Last Report 10/16/1996 4. State or Country of Formation FL	
2. Mailing Address Suite, Apt. #, etc. City & State Zip Country		2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country		5a. Capital Contributions as Shown on record \$1,600,000.00 5b. Amount of Capital Contributions in FLORIDA to date: \$8.75 Additional Fee Required <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable 6. FEI Number 23-2705567 7. Certificate of Status Desired <input 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 SMETZER, BONNIE % JACKSON MANAGEMENT GROUP 2174 HARRIS AVE. N.E. PALM BAY FL 32905	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City
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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
PR WINDSONG, INC. WINDSONG APARTMENTS, INC.	455 PENNSYLVANIA AVE. 290 KING OF PRUSSIA R	FORT WASHINGTON PA 19 RADNOR PA 19087	P92000008237 P92000008905

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 or 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 680, Florida Statutes.

SIGNATURE

DATE

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

Ed W. Harley
EDWIN W. HARLEY

9/25/97
 610.293.9350

CRZE003 (6/97)