

**FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra Northam
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

96 OCT - 1 PM 1:55



1. Name of Limited Partnership MYSTIC POINTE APTS. LTD.	1a. DOCUMENT # A93000000158
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Mailing Address 20721 SW 46TH AVE. NEWBERRY FL 32669	Principal Office Address 5700 SW 34TH ST., SUITE 1307 GAINESVILLE FL 32669	3. Date Formed or Registered 01/29/1993	5a. Capital Contributions as Shown on record \$10,562,000.00
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 09/25/1995	5b. Amount of Capital Contributions in FL ORIDA by date
		4. State or Country of Formation FL	
		6. FEI Number 59-3164770	<input type="checkbox"/> Applied For <input 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 DAVIS, NORITA V 20721 SW 46TH AVENUE NEWBERRY FL 32669	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt #, etc. City FL
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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) DAVIS, RONNIE C	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 5700 SW 34TH STREET,	11b. City, State & Zip Code GAINESVILLE FL 32608	11c. Registration/Document Number 10-4
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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 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 **9/19/96**

Typed or Printed Name of General Partner Signing Form

RONNIE C. DAVIS, GEN. PARTNER

Daytime Telephone Number

(352) 472-3952

CR2E003 (6/96)