

**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 DEC 31 PM 3:46



<b>1.</b> Name of Limited Partnership	<b>1a.</b> DOCUMENT # <b>A93000000942</b>
FLORIDA CITY APARTMENTS, LTD.	

<b>Mailing Address</b> C/O GREATER MIAMI NEIGHBORHOODS, INC. 1460 BRICKELL AVE., SUITE 309 MIAMI FL 33131	<b>Principal Office Address</b> C/O GREATER MIAMI NEIGHBORHOODS, INC. 1460 BRICKELL AVE., SUITE 309 MIAMI FL 33131
<b>2.</b> Mailing Address	<b>2a.</b> Principal Office Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

<b>3.</b> Date Formed or Registered 09/15/1993	<b>5a.</b> Capital Contributions as Shown on record. \$3,932,500.00
<b>3a.</b> Date of Last Report 12/27/1996	<b>5b.</b> Amount of Capital Contributions in FL ORIDA to date 3,322,734
<b>4.</b> State or Country of Formation FL	
<b>6.</b> FEI Number 65-0516920	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
<b>7.</b> Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
<b>8.</b> Make check payable to: Dept. of State (See reverse side for fee information)	

<b>9.</b> Name and Address of Current Registered Agent  GREATER MIAMI NEIGHBORHOODS, INC. 1460 BRICKELL AVE., SUITE 309 MIAMI FL 33131
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<b>10.</b> 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.**

<b>11.</b> Name(s) of General Partner(s)  GMN AFFORDABLE HOUSING PARTN COVENANT COMMUNITY DEVELOPME	<b>11a.</b> Address of Each General Partner (Do NOT Use Post Office Box Numbers)  1460 BRICKELL AVE., S 500 COLLEGE TERRACE	<b>11b.</b> City, State & Zip Code  MIAMI FL 33131 HOMESTEAD FL 33030	<b>11c.</b> Registration/ Document Number  P93000032625 N93000001199
800002400158--0 -01/14/98--01092--001 ***4137.24 ***535.00 Dec			

**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 *M...* DATE 12/29/97  
 Typed or Printed Name of General Partner Signing Form GMN IV Daytime Telephone Number 305 374 5503

CR2E003 (6/97)