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

1. Name of Limited Partnership

DOCUMENT#

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

98 DEC 14 AM 8: 39

	A9400000	0067		12/21
HARBOR APARTMENTS				
Mailing Address	Principal Office Address		3. Date Formed or Registere	5a. Capital Contributions as Shown on record.
% WRH PROPERTIES, INC. 100 SECOND AVE., SOUTH, SUITE 904 ST. PETERSBURG FL 33701	% WRH PROPERTIES. INC. 100 SECOND AVE., SOUTH, SUI ST. PETERSBURG FL 33701	TE 904	01/11/1994 3a. Date of Last Report 11/10/1997	\$1,350,000.00 5b. Amount of Capital Contributions in FLORIDA
2. Mailing Address	2a. Principal Office Address		4. State or Country of Forma	to date:
Suite, Apt. #, etc. City & State	Suite, Apt. #, etc. City & State		6. FEI Number 59-3220357	Applied For Not Applicable
Zip Country	Zip	Country	7. Certificate of Status Desire	s8.75 Additional Fee Required
ZIP Country	Lip		8. Make check payable to: D	ept. of State (See reverse side for fee information)
9. Name and Addres	s of Current Registered Agent		10. If changed, new Reg	gistered Agent/Office
for the purpose of changing its register agent. I am familiar with, and accept the SIGNATURE (Registered Agent Accepting Appo	TTE 301 820.1051 and 620.192, Florida Statutes, the above-named office or registered agent, or both, in the State of Flories obligations of section 620.192, Florida Statutes.	Suite, Apt. #, e City City ed limited partnersinds. Such change to	hip organized or registered under the law was authorized by its general partner(s).	DATE
11. Name(s) of General Partner(s)	11a. Address of Each Gener		11b. City, State & Zip Code	11c. Registration/ Document Number
WRH PROPERTIES, INC. POLYEDER, INC.	100 SECOND AVE., SOU % 1025 S. BEACH STRE	1	ST. PETERSBURG FL 337 DAYTONA BEACH FL 3211	P93000036337 (8/88) 581075
*				
12 I do hereby certify that the information su	AY NOT be changed on this for pplied with this filing is voluntarily furnished and does not ppliance with Section 119.07(3)(k) in the event that the in	at qualify for the exe	emption stated in Section 119.07(3)(k), FI	orida Statutes. I release the Division of
Corporations from any liability of non-con	ipliance with Section 119,07(3)(k) in the event that the if d that the signature shall bave the same legal effects as	monnauon supplied i if made under oati	h. I further certify that I am a General Pad	ther of the limited partnership, receiver or trustee

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 Comp. As the Saci, wather one Daytime Telephone Number