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

		····	Q7 N	CT 27 PM 12: U	6	
1. Name of Limited Partnership				3700127 1112 10		
	A9400L	000092		BAR 18 44 16 44 1844 1844 1844 1	ANN BANG IBNG PIBI ABBY	
DLYMPIA BUILDING PARTNER	RS, LTD.		(100)01/100/100/100/100/100/100/100/100/1		A) 	
Malling Address	Principal Office Address		3. Date Formed or Registe	ored 5a. Capital Cor	58. Capital Contributions as Shown on record.	
% CORNERSTONE AFFORDABLE HOUSING, INC. % CORNERSTONE AFFORDA 2121-PONCE-DE-LEON BLVD. 2121-PONCE-DE-LEON BLVD.			C. 01/20/1994 3a. Date of Last Report		\$72,289.00 5b. Amount of Capital Contributions in FLORIDA to date:	
MIAMI FL-80183	MIAMI-FL-99198		12/16/1996	5b. Amount of a Contribution to determine		
2. Malling Address 3225 Avietran Ave	2a. Principal Office Address 3225 Avia Lon Ave		4. State or Country of Form	nation 10 bate.		
Suite, Apt. #, etc. # 700 City & State	Suite, Apt. #, etc. 700 City & State		6. FEI Number 65-0523595		Applied For Not Applicable	
Coca Nut Crove H	Cocanut Co	ove H. Country	7. Certificate of Status Des	ired 🔲 🕻	8.75 Additional Fee Required	
Zip Country 33183 //SA	^{Zip} 38/83	USA	8. Make check payable to:	Dept. of State (See reverse s		
9. Name and Address of Curre	nt Registered Agent		10. If changed, new F	tegistered Agent/Office		
WOLFE, LEON J VALDES-FAULI, COBB, ET AL., S-3400, ONE BISCAYNE TOWER, TWO S. BISCAYNE BLVD. CORAL CABLES FL 33134		Name				
		Street Add	Street Address (P.O. Box Number Is Not Acceptable)			
		Suite, Apt.	Sulte, Apt. W, etc. 30002332433 5 10/29/9701058022 city ****541.25 *****541.25			
		<u> </u>				
		City		FL **	40.041.23	
10a. Pursuant to the provisions of sections 620.1051 a for the purpose of changing its registered office cagent. I am familiar with, and accept the obligation	or registered agent, or both, in the ens of section 620.192, Florida Sta	State of Florida Such cha		(s). I hereby accept the appo		
A GENERAL PARTNER THAT		ION. LIMITED	PARTNERSHIP OR C	THER BUSINES	SS ENTITY	
MUS	ST BE REGISTER	ED AND ACTIV	VE WITH THIS OFFICE	<u> </u>		
11. Name(s) of General Partner(s)	I I &I. (Do NOT Use Po	ach General Partner ost Office Box Numbers)	11b. City. State & Zip Code	IIC. Do	Registration/ cument Number	
CORNERSTONE OLYMPIA, LTD.	8225 Aviation Ave 2 121 PONCE DE LEON B L		Coconut Coove, H & GORAL GABLES FL 33134		A9400001667	
DEEDCO OLYMPIA, INC.	141 NE 3RD AVE., #500		MIAMI FL 33132	P940000	P94000087137	
i				Ol	1	
į				10		
Note: General partners MAY NO	T be changed on th	nis form; an am	endment must be filed t	o change a gene	ral partner.	
12. I do hereby certify that the information supplied with Corporations from any liability by tryin compliance with this annual report is true and affective and that my sempowered to execute this report as required by ch	th Spetton 19.07(3)(k) in the eve signature shall have the same log apter 650 Florida Statutes.	nt that the information supp	olied is deemed exempt from public acce	ss. I further certify that the info	ormation indicated on	
SIGNATURE TO SIGNATURE	STATI		DA	TE		

Typed or Printed Name of General Carthur Signing Form

Daytime Telephone Number _