



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

<b>LIMITED PARTNERSHIP ANNUAL REPORT 1998</b>		 <b>FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS</b>		<b>FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 97 DEC 29 AM 11:22</b> 	
<b>1. Name of Limited Partnership</b>  MSN HOUSING, LTD.		<b>1a. DOCUMENT #</b> <b>A94000000094</b>			
<b>Mailing Address</b>  520 DEVONSHIRE BOULEVARD LONGWOOD FL 32750		<b>Principal Office Address</b>  520 DEVONSHIRE BOULEVARD LONGWOOD FL 32750		<b>3. Date Formed or Registered</b> <b>01/18/1994</b>	
				<b>5a. Capital Contributions as Shown on record.</b>  <b>\$1,000.00</b>	
				<b>3a. Date of Last Report</b> <b>10/28/1996</b>	
<b>2. Mailing Address</b>  Suite, Apt. #, etc.  City & State  Zip Country		<b>2a. Principal Office Address</b>  Suite, Apt. #, etc.  City & State  Zip Country		<b>4. State or Country of Formation</b>  FL	
				<b>6. FET Number</b> <b>59-3229824</b> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
				<b>7. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
				<b>8. Make check payable to: Dept. of State (See reverse side for fee information)</b>	

<b>9. Name and Address of Current Registered Agent</b>  SHUDAN, JAMES A 520 DEVONSHIRE BOULEVARD LONGWOOD FL 32750		<b>10. If changed, now Registered Agent/Office</b>  Name  Street Address (P.O. Box Number Is Not Acceptable)  Suite, Apt. #, etc.  City <b>FL</b> Zip Code	
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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.**

<b>11. Name(s) of General Partner(s)</b>  SHUDAN, JAMES A	<b>11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)</b>  520 DEVONSHIRE BOULEV  520 103.75	<b>11b. City, State &amp; Zip Code</b>  LONGWOOD FL 32750  dec	<b>11c. Registration/Document Number</b>  600002398306--1 -01/13/98--01054--021 ****156.25 ****156.25
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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

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

CR25003 (6/97)