


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	
1. Name of Limited Partnership SEMINOLE RIDGE APARTMENTS, LTD.		1a. DOCUMENT # A94000000332	
Mailing Address 730 BONNIE BRAE ST. 2281 LEE ROAD, SUITE 208 WINTER PARK FL 32789		Principal Office Address 730 BONNIE BRAE ST 2281 LEE ROAD, SUITE 208 WINTER PARK FL 32789	
2. Mailing Address 730 BONNIE BRAE ST Suite, Apt. #, etc.		2a. Principal Office Address 730 BONNIE BRAE ST Suite, Apt. #, etc.	
City & State SAME		City & State SAME	
Zip SAME		Zip SAME	

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 DEC -9 PM 4:25



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3. Date Formed or Registered 03/16/1994	5a. Capital Contributions as Shown on record. \$100.00
3a. Date of Last Report 11/22/1996	
4. State or Country of Formation FL	5b. Amount of Capital Contributions in FLORIDA to date:
6. FEI Number 59-3233475	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
7. Certificate of Status Desired	<input 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 CAVANAUGH, THOMAS L 2281 LEE ROAD, SUITE 208 730 BONNIE BRAE ST WINTER PARK FL 32789	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) 730 BONNIE BRAE ST. Suite, Apt. #, etc. City FL 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.

11. Name(s) of General Partner(s) CAVANAUGH, THOMAS L POHL, ARTHUR S	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 730 BONNIE BRAE ST 2281 LEE ROAD, SUITE 730 BONNIE BRAE ST 2281 LEE ROAD, SUITE	11b. City, State & Zip Code WINTER PARK FL 32789 WINTER PARK FL 32789	11c. Registration/Document Number 300002370513--7 -12/12/97--01045--003 ****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 **12/3/97**

Typed or Printed Name of General Partner Signing Form _____

THOMAS L. CAVANAUGH

Daytime Telephone Number **407-628**

CR2E003 (6/97)