

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

FILED

98 DEC 23 PM 4: 30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



1. Name of Limited Partnership
1a DOCUMENT #
A94000000358
M F INDIAN RIVER HOLDINGS, LTD.

Mailing Address 601 BAYSHORE BOULEVARD, SUITE 650 TAMPA FL 33606		Principal Office Address 601 BAYSHORE BOULEVARD, SUITE 650 TAMPA FL 33606	
2. Mailing Address		2a. Principal Office Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

3. Date Formed or Registered 03/22/1994	5a. Capital Contributions as Shown on record. \$6,550,000.00
3a. Date of Last Report 01/21/1998	5b. Amount of Capital Contributions in FLORIDA to date: 6,550,000
4. State or Country of Formation FL	
6. FEI Number 59-3262249	<input type="checkbox"/> Applied For <input 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 FUNK, CHARLES B 601 BAYSHORE BLVD., SUITE 650 TAMPA FL 33606	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) 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) INDIAN RIVER JOINT VENTURE	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 601 BAYSHORE BLVD., S.	11b. City, State & Zip Code TAMPA FL 33606	11c. Registration/Document Number G94341900002
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T.J.C.
800002742438-7
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******526.25 ****526.25**

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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

12-21-98

Typed or Printed Name of General Partner Signing Form **JEFFREY MEEHAN, PRESIDENT OF**

Daytime Telephone Number

813-251-1221

THE HOUSING GROUP INC, A GENERAL PARTNER OF INDIAN RIVER JOINT VENTURE