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# A94000001189

99 JAN -5 AM 10: 57



MELROSE APARTMENTS OF TALLAHASSEE, LTD.					
Mailing Address	Principal Office Address	Principal Office Address		5a. Capital Contributions as Shown on record	
7077 BONNEVAL ROAD. SUITE 450 JACKSONVILLE FL 32216	· ·	7077 BONNEVAL ROAD. SUITE 450 JACKSONVILLE FL 32216		\$14,000,000.00	
2. Mailing Address	2a. Principal Office Ac	fdress	01/02/1998 4. State or Country of Formation	5b. Amount of Capital Contributions in Ft OFII()A to date	
Suite, Apt. #, etc.	Suite Apt #, etc	,		# //, \(\sum_22, \(3\) \(\beta\) Applied For Not Applicable	
City & State	City & State				
Zip Country	Ζφ	Ćountry	7. Certificate of Status Desired 8. Make those payable to Dept. of	\$8.75 Additional Fee Required State (See reverse side for fee information)	
9. Name and Address of C		10. If Changed new Registered Agent Office			
F & L CORP. 200 LAURA STREET JACKSONVILLE FL 32201-0240		Name Street Address (P	Name Street Address (P.O. Box Nomber Is Not Acceptable)		
		Suite, Apr. #, et:			
		City		FL 20 Code	
10a. Pursuant to the provisions of sections 620.1 for the purpose of changing its registered of agent. I am familiar with, and accept the obli-	fice or registered agent, or both, in the St	tale of Florida. Such change was			
SIGNATURE (Registered Agent Accepting Appointme			DIATE	·	
A GENERAL PARTNER TH	IAT IS A CORPORAT IUST BE REGISTERE			R BUSINESS ENTITY	
11. Name(s) of General Partner(s)	11a. Address of Ea	ach General Partner st Office Box Numbers) 11	b. City, State 8 Zgi Code	11c. Registration: Document Number	

INTEGROUP DEVELOPMENT CORP.

7077 BONNEVAL ROAD, S

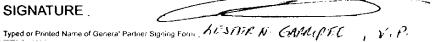
JACKSONVILLE FL 32216

P94000049241

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. Ido 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). Flunds Statistics Tretense trie Division of Tour fellety Certify that the mornison supplied with mis liming is vocantally formation and ober you will restrict in regions stated in section. The original control is remainded to the information individual or descript from public access I further certify that I am a General Partner of the limited partnership, receiver or trusted this annual report is true and accorde and that my signature shall have the same logal effects as if made under each. I further certify that I am a General Partner of the limited partnership, receiver or trusted. empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE.



DATE 12.9.95 Daytime Telephone Number 904 514 - 6000