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**

DOCUMENT#

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

97 OCT 27 PM 12: 16

1. Name of Lanted Parthership	Ä9400001619				
DLYMPIA RESIDENTIAL BUILDI	ING PARTNERS, LTD),		HAR BORN 6814 DOLL 11915 DILLI 1100 OSIN 1881	
Malling Address	Principal Office Address		3. Date Formed or Registered	5a. Capital Contributions as Shown on record.	7
C/O CORNERSTONE AFFORDABLE HOUSING, INC.		C/O CORNERSTONE AFFORDABLE HOUSING, INC.			
2 121 FONDE DE LEON BLU D. C ÔRAL GABLES FL-82134	2121-PONOE DE LEON BLVD. OGRAL GABLES FL 33134 28. Principal Office Address		12/01/1994 3a. Date of Lest Report	\$2,696,756.00	
			12/23/1996	5b. Amount of Capital Contributions in FLORIDA	1
			4. State or Country of Formation	Contributions in FLORIDA to date:	
2. Mailing Address			FL		
Sulte, Apt. #, etc.	Suite, Apt. #, etc.		6. FEI Number	<u></u>	1
City & State	City & State		 65-0604194	Applied For Not Applicable	
Coconut Crove 7L	Coconst Cree 7	4 •	7. Certificate of Status Desired	\$8.75 Additional Fee Required	
Zip Country 33183 2/5/A	33/33	Country 215A	8. Make check payable to: Dept. of	State (See reverse side for fee information)
9. Name and Address of Current	Registered Agent	T	10. If changed, new Registered	Agent/Office	4
WOLFE, LEON J ESQ. C/O BERMAN, WOLFE & RENNERT, P.A. 100 SOUTHEAST SECOND STREET, 38TH FLOOR MIAMI FL 33131-2130		Name			┪
		Street Address (P.O. Box Number Is Not Acceptable)			1
		Sulte, Apt. #, etc. 600002332436 5			-
		-10/23/3701058023			4

10a. Pursuant to the provisions of sections 620.1051 and for the purpose of changing its registered office or agent. I am familiar with, and accept the obligations	registered agent, or both, in the State of Fic	ed limited partnership orida. Such change wa	organized or registered under the laws of th is authorized by its general partner(s). I here	e State of Florida, submits this statement by accept the appointment of registered	
SIGNATURE (Registered Agent Accepting Appointment)			DATE		
A GENERAL PARTNER THAT	IS A CORPORATION, I F BE REGISTERED AN	LIMITED PAID ACTIVE V	RTNERSHIP OR OTHE WITH THIS OFFICE.	R BUSINESS ENTITY	
11. Name(s) of General Partner(s)	11a. Address of Each Gener (Do NOT Use Post Office B	al Partner lox Numbers) 11	b. City, State & Zip Code	11c. Registration/ Document Number]
DEEDCO OLYMPIA, INC.	141 N.E. 3RD AVENUE,		MIAMI FL 33132	P94000087137	(2E003 (6/97)
·			boomet Crove, H 33133 GORAL GARLES FL 33134		8
CORNERSTONE OLYMPIA, LTD. 2121 PONOE DE LEGI		59L	GUHAL LIABLES FL-33134	A9400001667	
					Ö
				10000	
				14-7/	
				100	
}					
Note: General partners MAY NOT	be changed on this form	n; an amend	ment must be filed to cha	inge a general partner.	
 I do hereby certify that the information supplied with it Corporations from any liability of non-compliance with this annual report is true and accuracy and their prysig 	nis filing is voluntarily furnished and does n Section 119.07(3)(k) in the event that the in maturo shall have the same legal effects as	ot qualify for the exem nformation supplied is	ption stated in Section 119.07(3)(k), Florida deemed exempt from public access. I furth	Statutes. I release the Division of er certify that the Information indicated on	
12. I do hereby certify that the information supplied with the Corporations from any liability of fon-compliance with	nis filing is voluntarily furnished and does n Section 119.07(3)(k) in the event that the in maturo shall have the same legal effects as	ot qualify for the exem nformation supplied is	ption stated in Section 119.07(3)(k), Florida deemed exempt from public access. I furth	Statutes. I release the Division of er certify that the Information indicated	on

Daytime Telephone Number