

FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP  
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

FILED

DEC 24 PM 2:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

LIMITED PARTNERSHIP ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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1. Name of Limited Partnership  <b>RED RIBBON HOUSING, LTD.</b>	1a. DOCUMENT # <b>A94000001751</b>
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Mailing Address  1123 PINELLAS STREET CLEARWATER FL 34616 33756	Principal Office Address  1123 PINELLAS STREET CLEARWATER FL 34616 33756
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3. Date Formed or Registered  12/16/1994	5a. Capital Contributions as Shown on record.  <b>\$101.00</b>
3a. Date of Last Report  12/22/1997	5b. Amount of Capital Contributions in FLORIDA to date:  <b>101.00</b>
4. State or Country of Formation  FL	

2. Mailing Address  Suite, Apt. #, etc.  City & State  Zip Country	2a. Principal Office Address  Suite, Apt. #, etc.  City & State  Zip Country
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6. FEI Number  59-3295520	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. Certificate of Status Desired <input checked="" 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  NEUSCHAEFER, WILLIAM G 1123 PINELLAS STREET CLEARWATER FL 34616
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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)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/Document Number
KRAKOWER, STEVEN  KRAKOWER, CAROLANNE	2152 Gregory Place -3104 ALLAIRE ROAD 2152 Gregory Place -3104 ALLAIRE ROAD	Sea Girt, N.J. 08750 WALL NJ 07719 Sea Girt, N.J. 08750 WALL NJ 07719	300002741859--0 -01/14/89--01077--017 ****150.00 ****150.00

**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 Steven R. Krakower DATE 11/18/98  
 Typed or Printed Name of General Partner Signing Form Steven R. Krakower Daytime Telephone Number 732-449-5435

CR2E003 (8/98)