

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

FILED

98 JAN 12 PM 3: 53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. Name of Limited Partnership

1a. DOCUMENT #  
**A95000000552**

**HISTORIC MORGAN APARTMENTS, LTD.**

RT-AR  
CM

Mailing Address

1514 UNION STREET  
TAMPA FL 33607

Principal Office Address

1514 UNION STREET  
TAMPA FL 33607

2. Mailing Address

6406 E. Fowler Avenue  
Suite, Apt. #, etc.  
Suite D

City & State

Temple Terrace FL

Zip

Country

33617

Hillsborough

2a. Principal Office Address

6406 E. Fowler Avenue  
Suite, Apt. #, etc.  
Suite D

City & State

Temple Terrace FL

Zip

Country

33617

Hillsborough

3. Date Formed or Registered

04/06/1995

3a. Date of Last Report

10/21/1996

4. State or Country of Formation

FL

5a. Capital Contributions as  
Shown on record.

\$1,000.00

5b. Amount of Capital  
Contributions in FLORIDA  
to date.

6. FEI Number

59-3369092

☐ Applied For  
☒ Not Applicable

7. Certificate of Status Desired



\$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

EVANS, AUDLEY  
1514 UNION STREET  
TAMPA FL 33607

10. If changed, new Registered Agent/Office

Name

Evans, Audley

Street Address (P.O. Box Number is Not Acceptable)

6406 E. Fowler Avenue

Suite, Apt. #, etc.

Suite D

City

Temple Terrace

FL

Zip Code

33617

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)

TAMPA HOUSING DEVELOPMENT CO

11a. Address of Each General Partner  
(Do NOT Use Post Office Box Numbers)

1514 UNION STREET

11b. City, State & Zip Code

TAMPA FL 33607

11c. Registration/  
Document Number

743899

800002413198--1  
-01/27/98--01058--001  
\*\*\*\*165.00 \*\*\*\*165.00

**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

DATE

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

CR2E003 (6/97)