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 99 APR 16 PH 3: 43

1. Name of Limited Partnership	1a. DOCUMENT # A9600000663		SEGNETARO OT STATE TALLAHASSEE, FLORIDA			
MURDOCK CIRCLE AFFORDAI	BLE HOUSING PARTNER	RS, LTD.				
Mailing Address 2325 ULMERTON ROAD SUITE 20 CLEARWATR FL 34622	Principal Office Address 2325 ULMERTON ROAD SUITE 20 CLEARWATR FL 34622		3. Date Formed or Registered 04/08/1996 3a. Date of Last Report 03/03/1998 4. State or Country of Formation	5a. Capital Contributions as Shown on record \$50.00 5b. Amount of Capital Contributions in FLORIDA to date		
Mailing Address Suite, Apt. #, etc. City & State Zip Country	2a. Principal Office Address Suite, Apt #, etc. City & State Zip Country		FL 6, FEI Number NOT APPLICABLE 7. Certificate of Stalus Desired	Applied For Not Applicable \$8.75 Additiona' Fee Required		
9. Name and Address of Current Registered Agent Name			Make check payable to Dept of State (See reverse side for fee information) 10. If changed, new Registered Agent/Office			
MORRIS, GREGORY D 2325 ULMERTON ROAD CLEARWATER FL 34622 10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-nam for the purpose of changing its registered office or registered agent, or both, in the State of Floragent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.		Street Address (P.O. Box Number Is Not Acceptable)				
SIGNATURE (Registered Agent Accepting Appointment) A GENERAL PARTNER THAT MUST	IS A CORPORATION, LIMIT BE REGISTERED AND A	TED PAR	TNERSHIP OR OTHE		SS ENTITY	
11. Name(s) of General Partner(s)	11a. Address of Each General Partne (Do NOT Use Post Office Box Numb	116	City, State & Zip Code		Registration/ cument Number	
MURDOCK CIRCLE AFFORDABLE HO	2325 ULMERTON ROAD	CLI	CLEARWATH FL 34622		P96000022373	
•			94-16-71			
Note: General partners MAY NOT	be changed on this form; an	amendme	ent must be filed to cha	inge a gene	ral partner.	
12. I do hereby certify that the information supplied with th Corporations from any liability of non-compliance with this annual report is true and accurate and that my sign empowered to execute this report as required by chapit	Section 119'07(3)(k) in the event that the information nature shall have the same legal effects as if made	n supplied is deen	ned exempt from public access. I further	certify that the inforr	nation indicated on	

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number _