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

LIMITED PARTNERSHIP ANNUAL REPORT 1999

WATER'S EDGE APARTMENTS, LTD.



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

**DOCUMENT#** 

A96000002061

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SECRETARY OF STATE TALLAHASSEE, FLORIDA



			1 100000 100000 100000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10		
Malling Address  1500 N.W. 49TH STREET. SUITE 500  FT. LAUDERDALE FL 33309  2. Mailing Address  Suite, Apt. #, etc.	Principal Office Address  1500 N.W. 49TH STREET. SUITE 500 FT. LAUDERDALE FL 33309  28. Principal Office Address  Suite, Apt. #, etc.		3. Date Formed or Registered 01/07/1996 38. Date of Last Report 12/31/1997 4. State or Country of Formation FL 6. FEI Number	52. Capital Contributions as Shown on record. \$1,800,000.00  5b. Amount of Capital Contributions in FLORIDA to date:	
City & State	City & State		65-0700439		Applied For Not Applicable
Zip Country	Zip	7. Certificate of Status Desired  8. Make check payable to: Dept. of S		State (See rew	\$8.75 Additional Fee Required arse side for fee Information
9. Name and Address of C	urrent Registered Agent		10. If changed, new Registered	d Agent/Office	
BOYLE, CONRAD J 500 EAST BROWARD BLVD., SUITE 1950 FT. LAUDERDALE FL 33394		Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apl. #, etc.			
		City			Zip Code
for the purpose of changing its registered office	ce or registered agent, or both, in the State of Flor				
for the purpose of changing its registered office agent. I am familiar with, and accept the oblig SIGNATURE (Registered Agent Accepting Appointmen A GENERAL PARTNER TH	ce or registered agent, or both, in the State of Flor pations of section 620.192, Florida Statutes.	rida. Such change w	vas authorized by its general partner(s). I hereb	a State of Floric y accept the a	opointment of registered
for the purpose of changing its registered office agent. I am familiar with, and accept the oblig SIGNATURE (Registered Agent Accepting Appointmen A GENERAL PARTNER THE	ce or registered agent, or both, in the State of Flor pations of section 620.192, Florida Statutes.  IAT IS A CORPORATION, UST BE REGISTERED AN	LIMITED P	vas authorized by its general partner(s). I hereb	a State of Floric y accept the a	opointment of registered
egent. I am familier with, and accept the oblig SIGNATURE (Registered Agent Accepting Appointmen A GENERAL PARTNER TH M	ce or registered agent, or both, in the State of Flor pations of section 620.192, Florida Statutes.  IAT IS A CORPORATION, UST BE REGISTERED AN	LIMITED P ID ACTIVE ral Partner 30x Numbers)	PARTNERSHIP OR OTHE	R BUSI	NESS ENTITY Registration/
for the purpose of changing its registered officegent. I am familiar with, and accept the oblig  SIGNATURE (Registered Agent Accepting Appointmen  A GENERAL PARTNER TH  M  11. Name(s) of General Partner(s)  KEENAN DELRAY, L.C.	ce or registered agent, or both, in the State of Flor pations of section 620.192, Florida Statutes.  IAT IS A CORPORATION, UST BE REGISTERED AN  11a. Address of Each Gener  1500 N.W. 49TH STREE	LIMITED P ID ACTIVE ral Partner 30x Numbers)	DATE PARTNERSHIP OR OTHE WITH THIS OFFICE.  11b. City, State & Zip Code  FT. LAUDERDALE FL 333	R BUSI	NESS ENTITY Registration/ Document Number  80000001170  8000092325
for the purpose of changing its registered officegent. I am familiar with, and accept the oblig  SIGNATURE (Registered Agent Accepting Appointmen  A GENERAL PARTNER TH  M  11. Name(s) of General Partner(s)  KEENAN DELRAY, L.C.	ce or registered agent, or both, in the State of Flor pations of section 620.192, Florida Statutes.  IAT IS A CORPORATION, UST BE REGISTERED AN  11a. Address of Each Gener  1500 N.W. 49TH STREE	LIMITED P ID ACTIVE ral Partner 30x Numbers)	DATE PARTNERSHIP OR OTHE WITH THIS OFFICE.  I1b. City, State & Zip Code  FT. LAUDERDALE FL 333  FT. LAUDERDALE FL 333	R BUSI	NESS ENTITY Registration/ Document Number  80000001170  8000092325

this annual report is true and accurate and that my algorature 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 \_\_

Law Super L.C.