



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

LIMITED PARTNERSHIP ANNUAL REPORT <b>1999</b>		 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS		<b>FILED</b> 98 DEC 22 AM 11:34 SECRETARY OF STATE TALLAHASSEE, FLORIDA 	
1. Name of Limited Partnership  CORAL VILLAGE, LTD.		1a. DOCUMENT # <b>A97000000225</b>		3. Date Formed or Registered <b>01/27/1997</b>	
Mailing Address  1430 S.E. 16TH PLACE UNIT B CAPE CORAL FL 33990		Principal Office Address  1430 S.E. 16TH PLACE UNIT B CAPE CORAL FL 33990		5a. Capital Contributions as Shown on record. <b>\$2,223,569.00</b>	
2. Mailing Address  Suite, Apt. #, etc. City & State Zip Country		2a. Principal Office Address  Suite, Apt. #, etc. City & State Zip Country		3a. Date of Last Report <b>12/01/1997</b>	
				4. State or Country of Formation <b>FL</b>	
				6. FEI Number <b>605-0721207</b> <input checked="" type="checkbox"/> Applied For <b>APPLIED FOR</b> <input type="checkbox"/> Not Applicable	
				7. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
				8. Make check payable to: Dept. of State (See reverse side for fee information)	

9. Name and Address of Current Registered Agent  HAMLIN, CURTIS D ESQ. C/O HARLLEE, PORGES, ET AL 1205 MANATEE AVE. WEST BRADENTON FL 34205		10. If changed, new Registered Agent/Office Name <b>Bowen A. Arnold</b> Street Address (P.O. Box Number is Not Acceptable) <b>1520 Royal Palm Square Blvd. Suite 360</b> Suite, Apt. #, etc. <b>360</b> City <b>Fort Myers</b> FL Zip Code <b>33919</b>	
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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 **12-15-98**

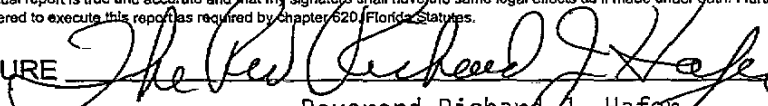
**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY  
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

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
CAPE CORAL HOUSING REHABILIT HARDING CONSTRUCTION SERVICE	1430 SE 16th Place-B 5544 FAIRFAX STREET	CAPE CORAL FL 33990 ORLANDO FL 32812	N95000001649 V26828

**00000234980-2**  
**01/03/99-01086-019**  
**\*\*\*\*526.25 \*\*\*\*526.25**  
**JAN 6 1999**

**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 **12/14/98**  
 Typed or Printed Name of General Partner Signing Form **Reverend Richard J. Hafer** Daytime Telephone Number **941-542-2709**

CR2E003 (8/98)