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

1. Name of Limited Partnership

na. DOCUMENT # **A9700000254**

FILE()
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 DEC 29 AM 9: 33



SUGAR HILL APARTMENTS, LTD.			1 18 0 TO 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
Mailing Address	Frincipal Office Address		3. Date Formed or Registered	01/29/1997 \$100.00	
8500 N.W. 25 AVENUE 8500 N.W. 25 AVENUE			01/29/1997		
MIAMI FL 33147	MIAMI FL 33147		3a. Date of Last Report		
			4. State or Country of Formation	5b. Amount of Capital Contributions in FLORIDA to date:	
2. Malling Address	28. Principal Office Address		FL		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		6. FE! Number	Applied For	
City & State	City & State			Not Applicable	
Žip Country	Žip Country		7. Certificate of Status Desired	\$8.75 Additional Fee Required	
2p Country			8. Make check payable to: Dept. o	8. Make check payable to: Dept. of State (See reverse side for fee information	
9. Name and Address of Curre	nt Registered Agent	Ţ	10. If changed, new Register	ed Agent/Office	
WASHINGTON, LYNN C		Name			
6 HOLLAND & KNIGHT		Street Address (P.O. Box Number 14Net 14Cept 151) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
701 BRICKELL AVE., SUITE 3000		Suite, Apt. #, etc.			
MIAMI FL 33147		City Zip Code			
SIGNATURE (Registered Agent Accepting Appointment). A GENERAL PARTNER THAT MUS	T IS A CORPORATION, L ST BE REGISTERED AN	IMITED I	PARTNERSHIP OR OTHE E WITH THIS OFFICE.		
11. Name(s) of General Partner(s)	11a. Address of Each Genera (Do NOT Use Post Office Bo	it Partner ox Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number	
THE URBAN LEAGUE OF GREATER	8500 N.W. 25 AVENUE		MIAMI FL 33147	714512	
4				aus KWM	
Note: General partners MAY NO	T be changed on this form	า: an amei	ndment must be filed to ch	ange a general partner.	
 I do hereby certify that the information supplied with Corporations from any featility of non-compliance withis annual report fatrue and accurate and that my empowered to exercite this report as required by ch 	nthis fling is voluntarily furnished and does no fill Section 119.07(3)(k) in the event that the in signature shall have the same legal effects as	ot qualify for the e	exemption stated in Section 119.07(3)(k), Florid and is deemed exempt from public access. Hurt	a Statutes. I release the Division of her certify that the information indicated on	
SIGNATURE W	U Cesi		DATE _ (1212191	
Typed or Printed Name of Goneral Partner Styring Form	Talmadge W. Fair		Daytime Telephone Number . (C	305) 696-4450	