

**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
JAN 19 1999
PM 6:30
TALLAHASSEE, FLORIDA

1. Name of Limited Partnership		1a. DOCUMENT # A97000000254	
SUGAR HILL APARTMENTS, LTD.			
Mailing Address	Principal Office Address		
8500 N.W. 25 AVENUE MIAMI FL 33147	8500 N.W. 25 AVENUE MIAMI FL 33147		
2. Mailing Address	2a. Principal Office Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State		
Zip Country	Zip Country		



3. Date Formed or Registered	5a. Capital Contributions as Shown on record
01/29/1997	\$100.00
3a. Date of Last Report	5b. Amount of Capital Contributions in FL CURRENCY to date
12/29/1997	
4. State or Country of Formation	
FL	
6. FEI Number	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
NOT APPLICABLE	
7. Certificate of Status Desired	<input checked="" type="checkbox"/> \$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	10. If changed, new Registered Agent Office
WASHINGTON, LYNN C % HOLLAND & KNIGHT 701 BRICKELL AVE., SUITE 3000 MIAMI FL 33147	Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code

10a. Pursuant to the provisions of sections 620.1051 and 620.152, 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)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration Document Number
THE URBAN LEAGUE OF GREATER	8500 N.W. 25 AVENUE	MIAMI FL 33147	714512
000002765533--8 -02/05/99--01016--012 ****150.00 ****150.00 JAN 20 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 *Talmadge W. Fair* DATE **1/18/99**
Typed or Printed Name of General Partner Signing Form: **Talmadge W. Fair** Daytime Telephone Number: **(305) 696-4450**

CR2E003 (8/98)