## 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 SECRETARY OF STATE DIVISION OF CORPORATIONS - DM 1: 43

|   |   |              |  | J 98 DE U - 1 1 1  | 1 1- 40  |  |
|---|---|--------------|--|--|--|--|
| 1. Name of Limited Partnership  | 1a. DOCUMENT #<br>A97000000434  |              |  | _  |  |  |
| COCOA TOWNHOUSE APARTMENTS, LTD.  |   |              |  |  |  |  |
| Mailing Address  C/O GERALD K. BURTON. P.A.  4080-N. FEDERAL HIGHWAY, SUITE 301  BOGA RATON FL-33431  | Principal Office Address  C/O GERALD K. BURTON, P.A.  4000 N. FEDERAL HIGHWAY; SUITE 201  BOCA_RATON_FI_33431 |              |  | 3. Date Formed or Registered 02/19/1997 3a. Date of Last Report 12/30/1997 | 5a. Capital Contributions as Shown on record. \$100,000.00                                   |  |
| 2. Mailing Address  1801 Clear brook Cir. Suite, Apt. #, etc.   | 28. Principal Office Address  1807 Clear-brook Cir Suite, Apt. #, etc.  |              |  | 4. State or Country of Formation FL 6. FEI Number 59-3439875               | 5b. Amount of Capital Contributions in FLORIDA to date:  /////////////////////////////////// |  |
| City & State  Boco Roton FL  Zip  Country Harris  | City & State POCA ROTON F   | こ<br>Country |  | 7. Certificate of Status Desired   | \$8.75 Additional Fee Required   |  |
| 73498 WAC   | 37498   | UNA          | <u>.</u>   | 8. Make check payable to: Dept. of S                                       | tate (See reverse side for fee information)  |  |
|   |   |              |  |  |  |  |
| 9. Name and Address of Current Registered Agent   |   |              | 10. If changed, new Registered Agent/Office Name   |  |  |  |
| Burton, Gerald K esq.   |   |              |  |  | :  |  |
| 4000-N. FEDERAL HIGHWAY, SUITE 201  |   |              | Street Address (P.O. Box Number Is Not Acceptable) |  |  |  |
| BOCA RATON FL-33431   | Suite, Apt. #, etc.   |              |  | CIEBROTONK (   | 2170/6   |  |
|   |   | City         |  |  | Tin Code   |  |
|   | Boug  |              |  | Raton FL 27498   |  |  |
| 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_  | 14/10  |  |
| 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 (Do NOT Use Post Office Box  |              | 11b.   | City, State & Zip Code   | 11c. Registration/<br>Document Number  |  |
| CLEARBROOK PROPERTIES, INC.   | 18051 Clear Dro   |              | вос<br>е   | CA RATON FL 33437<br>33498   | P97000003836   |  |
|   |   |              |  | 0000027<br>-12/15/<br>****52   | 7134501<br>9801090001<br>6.25 ****526.25   |  |
| Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.   |   |              |  |  |  |  |
| 12 I do basely cartie that the information qualified with this filling is validation to make a superior of the superior state of 0.07/20/0. State of 0.07/20/0. State of 0.07/20/0. State of 0.07/20/0.   |   |              |  |  |  |  |

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 provides 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 .

Typed or Printed Name of General Partner Signing Form General & Butar

Daytime Telephone Number 561/687-77.89