

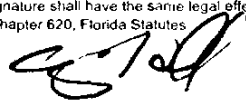


FILE ON OR BEFORE APRIL 7, 1999 TO AVOID
REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	FILED 99 MAR 31 AM 11:15 SECRETARY OF STATE TALLAHASSEE, FLORIDA 
1. Name of Limited Partnership GROVE HILL APARTMENTS, LTD.		1a. DOCUMENT # A97000000863	
Mailing Address 2600 SOUTH FLORIDA AVENUE LAKELAND FL 33803		Principal Office Address 2600 SOUTH FLORIDA AVENUE LAKELAND FL 33803	
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 04/16/1997	
		3a. Date of Last Report 12/31/1997	
		4. State or Country of Formation FL	
		5a. Capital Contributions as Shown on record \$1,500,000.00	
		5b. Amount of Capital Contributions in FLORIDA to date	
		6. FEI Number 59-3439041 <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
		7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
		8. Make check payable to Dept. of State (See reverse side for fee information) 526.25	
9. Name and Address of Current Registered Agent HULL, CRAIG 1109 EAST ORANGE STREET LAKELAND FL 33801		10. If changed, new Registered Agent/Office 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 620.192, 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 _____			
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) RAAC, INC.		11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 2600 SOUTH FLORIDA AV LAKELAND FL 33803	
		11b. City, State & Zip Code 4-7-99	
		11c. Registration/Document Number P97000034671	
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 2-18-99	
Typed or Printed Name of General Partner Signing Form _____		Daytime Telephone Number _____	

CR2E003 (12/98)