

**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

98 DEC 30 PM 3:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



1. Name of Limited Partnership
1a. DOCUMENT #
A97000001173

ADRIAN HOME COMMUNITIES AT EAGLE COVE, LTD.

Mailing Address % ADRIAN HOME COMMUNITIES AT EAGLE COVE. I 2460 SW 137TH AVE., SUITE 238 MIAMI FL 33175	Principal Office Address % ADRIAN HOME COMMUNITIES AT EAGLE COVE. I 2460 SW 137TH AVE., SUITE 238 MIAMI FL 33175
2. Mailing Address 2450 S.W. 137 AVE Suite, Apt. #, etc. Suite 226 City & State Miami, FL Zip 33175 Country USA	2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country

3. Date Formed or Registered 05/28/1997	5a. Capital Contributions as Shown on record. \$700,000.00
3a. Date of Last Report 02/18/1998	
4. State or Country of Formation FL	5b. Amount of Capital Contributions in FLORIDA to date: \$ 700,000.00
6. FEI Number 65-0755441 APPLIED FOR	<input type="checkbox"/> Applied For <input 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)	

9. Name and Address of Current Registered Agent

~~ALAYON, RICHARD ALAN ESQ.~~ A=P Registered Agent, Inc.
2450 SW 137TH AVE., SUITE 226
MIAMI FL 33175

10. If changed, new Registered Agent/Office

Name: A=P Registered Agent, Inc.
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) *[Signature]* President DATE 12/17/98

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
ADRIAN HOME COMMUNITIES AT E	2460 SW 137TH AVE., S	MIAMI FL 33175	P97000031345

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 *[Signature]* By: *[Signature]* General Partner DATE 12/17/98

Typed or Printed Name of General Partner Signing Form _____ Daytime Telephone Number _____

CR2E003 (8/98)