

**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
98 DEC 10 PM 1:14

1. Name of Limited Partnership

1a. DOCUMENT #
A97000002734

SAN JOSE MISSION LTD.



02/11/98

Mailing Address 4514 CENTRAL AVENUE ST. PETERSBURG FL 33711		Principal Office Address 4514 CENTRAL AVENUE ST. PETERSBURG FL 33711		3. Date Formed or Registered 12/17/1997	5a. Capital Contributions as Shown on record. \$100.00
2. Mailing Address Suite, Apt. #, etc.		2a. Principal Office Address Suite, Apt. #, etc.		3a. Date of Last Report 02/04/1998	
City & State		City & State		4. State or Country of Formation FL	5b. Amount of Capital Contributions in FLORIDA to date:
Zip		Zip		6. FEI Number 59-3482901	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
Country		Country		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 DIVITO, JOSEPH A ESQUIRE 4514 CENTRAL AVENUE ST. PETERSBURG FL 33711	10. If changed, new Registered Agent/Office	
	Name	
	Street Address (P.O. Box Number Is Not Acceptable)	
	City	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)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/Document Number
CATHOLIC CHARITIES HOUSING, INC.	6533 9TH AVENUE NORTH	ST. PETERSBURG FL 337	N93000003205
<p>100002716401--0 -12/18/98--01086--005 ****150.00 ****150.00</p>			

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.

CATHOLIC CHARITIES HOUSING, INC.
SIGNATURE BY: Jeffory Forbes DATE 12/2/98
Jeffory Forbes, Vice President Daytime Telephone Number (727) 893-1314

CR2E003 (8/98)