

**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
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**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

98 DEC 17 AM 10:29

1. Name of Limited Partnership Fairway Preserve Apartments at Olde Cypress, Ltd.	1a. DOCUMENT # A98000002234
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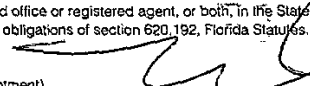
Mailing Address 4288 Silver Fox Drive Naples, Florida 34119	Principal Office Address 4288 Silver Fox Drive Naples, Florida 34119
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2. Mailing Address Suite, Apt. #, etc. City & State Zip Country	2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country
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3. Date Formed or Registered 9/23/98	5a. Capital Contributions as Shown on record. \$220,000.00
3a. Date of Last Report N/A	5b. Amount of Capital Contributions in FLORIDA to date: \$220,000.00
4. State or Country of Formation Florida	
6. FEI Number	<input checked="" 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 J. Thomas Conroy, III Morrison & Conroy, P.A. 3838 Tamiami Trail North, Suite 402 Naples, Florida 34103	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code
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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 **9/30/98**

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

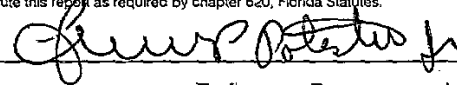
11. Name(s) of General Partner(s) Fairway Preserve Apartments at Olde Cypress, Inc.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 4288 Silver Fox Drive	11b. City, State & Zip Code Naples, Florida 34119	11c. Registration/Document Number P98000082932
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CR2E003 (8/98)

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 **10/6/98**

Typed or Printed Name of General Partner Signing Form **Fairway Preserve Apartments at Olde Cypress, Ltd.** Daytime Telephone Number **(941) 591-1299**