


**FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP ANNUAL REPORT 1999		 <p>FLORIDA DEPARTMENT OF STATE Sandra B. Mosham Secretary of State DIVISION OF CORPORATIONS</p>		<p>FILED 99 FEB -8 AM 10: 06 SECRETARY OF STATE TALLAHASSEE, FLORIDA</p>	
1. Name of Limited Partnership PR Apartments Limited Partnership		1a. DOCUMENT # A98000002617			
Mailing Address 6100 North Meridian Oklahoma City, OK 73112		Principal Office Address 1951 NE 191 Drive North Miami Beach, FL 33179		3. Date Formed or Registered 11-25-98	
2. Mailing Address Suite, Apt. #, etc. City & State Zip Country		2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country		3a. Date of Last Report 4. State or Country of Formation Florida	
5a. Capital Contributions as Shown on record 2,256,760		5b. Amount of Capital Contributions in FLORIDA to date		6. FEI Number 36-2473843	
7. Certificate of Status Desired		<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable			
8. Make check payable to: Dept. of State (See reverse side for fee information)		8.75 Additional Fee Required			
9. Name and Address of Current Registered Agent Martin Kurzer 1951 NE 191 Drive North Miami Beach, Florida 33179			10. If changed, now 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) Okfla Corporation		11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) c/o Kushner Management Co., Inc. 8501 N. Lotus		11b. City, State & Zip Code Skokie, Illinois 60076	
11c. Registration/Document Number 9000002774569--5 -02/15/99--01009--014 *****88.75 *****88.75		11c. Registration/Document Number 9000002774569--5 -02/15/99--01009--014 *****437.50 *****437.50 4-12-99		11c. Registration/Document Number P98000096275	
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 <i>Melvin Kushner</i>		DATE Dec. 15, 1998		(847) 966-0350	
Typed or Printed Name of General Partner Signing Form Melvyn Kushner, President		Daytime Telephone Number			

CR2E003 (8/98)