

**FILE ON OR BEFORE JANUARY 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 28 PM 2:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Name of Limited Partnership College Square Apartments, Ltd.		1a. DOCUMENT # A98000002809	
Mailing Address 1 South "A" Street Pensacola, Florida 32501		Principal Office Address	
2. Mailing Address 1 South "A" Street Suite, Apt. #, etc.		2a. Principal Office Address 1 South "A" Street Suite, Apt. #, etc.	
City & State Pensacola, FL		City & State Pensacola, FL	
Zip 32501		Country	
		3. Date Formed or Registered December 21, 1998	
		3a. Date of Last Report N/A	
		4. State or Country of Formation Florida	
		5a. Capital Contributions as Shown on record. \$5.00	
		5b. Amount of Capital Contributions in FLORIDA to date: \$5.00	
		6. FEI Number 59-3298547 <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 Philip A. Napier 1 South "A" Street Pensacola, FL 32501		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 _____

**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
Philip A. Napier 1 South "A" Street Pensacola, FL 32501	1 South "A" Street	Pensacola, FL 32501	200002748912--6 -01/21/99--01076--017 ***141.25 ***141.25

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 Philip A. Napier DATE 12/23/98

Typed or Printed Name of General Partner Signing Form Philip A. Napier Daytime Telephone Number (850) 433-1096

CR2E003 (8/98)