


FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED PARTNERSHIP ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
1. Name of Limited Partnership		1a. DOCUMENT # B92000000055	
OAKHAVEN APARTMENTS, LIMITED PARTNERSHIP			
Mailing Address POST OFFICE BOX 12781 JACKSON MS 39236		Principal Office Address 5750 I-55 NORTH FRONTAGE ROAD JACKSON MS 39211	
2. Mailing Address		2a. Principal Office Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip Country		Zip Country	
		3. Date Formed or Registered 12/16/1992	
		3a. Date of Last Report 09/30/1996	
		4. State or Country of Formation MS	
		5a. Capital Contributions as Shown on record. \$3,000,000.00	
		5b. Amount of Capital Contributions in FLORIDA to date:	
		6. FEI Number 64-0815554 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
		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) \$50.00	



9. Name and Address of Current Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301		10. If changed, new Registered Agent/Office Name 000002639780--2 Street Address (P.O. Box Number Is Not Accepted) 09/15/98--01054--004 Suite, Apt. #, etc. ****550.00 ****550.00 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) B&B PROPERTIES, INC.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 5750 I-55 NORTH	11b. City, State & Zip Code JACKSON MS 39211	11c. Registration/Document Number P40583 000002639780--2 -09/15/98--01054--005 ***1002.50 ***1002.50
REINSTATEMENT 98-99 Dec			

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

Archie H. Haffner, Agent
B&B Properties, Inc.

DATE

08/17/98

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

(601) 956-6000

CR2E003 (6/97)