

**FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

**LIMITED PARTNERSHIP
ANNUAL REPORT
1997**



FLORIDA DEPARTMENT OF STATE
Sandra Mortham
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

97 JAN -8 PM 12: 07



1. Name of Limited Partnership

**1a. DOCUMENT #
B94000000120**

ARBORS AND OCEAN OAKS APARTMENTS REAL ESTATE LIMITED PARTNERSHIP

Mailing Address

**1650 TYSONS BLVD.
SUITE 1600
MCLEAN VA 22102**

Principal Office Address

**1650 TYSONS BLVD.
SUITE 1600
MCLEAN VA 22102**

3. Date Formed or Registered

03/30/1994

**5a. Capital Contributions as
Shown on record.**

\$10,000.00

3a. Date of Last Report

12/26/1995

**5b. Amount of Capital
Contributions in FLORIDA
to date:**

0

4. State or Country of Formation

DE

6. FEI Number

54-1727461

☐ Applied For
☐ Not Applicable

7. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

8. Make check payable to: Dept. of State (See reverse side for fee information)

**2. Mailing Address c/o Legal Dept.
600 East Las Colinas Blvd**

**2a. Principal Office Address c/o Real Estate
85 Broad Street Dept.**

Suite, Apt #, etc.

Suite 1900

Suite, Apt #, etc.

Nineteenth Floor

City & State

Irving, Texas

City & State

New York, New York

Zip Country

75039

Zip Country

10004

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

10. If changed, new 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)

MFH REALTY LIMITED PARTNERSH

**11a. Address of Each General Partner
(Do NOT Use Post Office Box Numbers)**

1650 TYSONS BLVD., SU

11b. City, State & Zip Code

MCLEAN VA 22102

**11c. Registration/
Document Number**

B94000000118

**600002059556-3
-01/16/97--01023-913
****208.75 / ****208.75**

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

M. H. R. Mithran III

DATE **12/20/96**

Typed or Printed Name of General Partner Signing Form

M. H. R. Mithran III Asst VP of Gen Partner

Daytime Telephone Number

972-831-2865

CR2E003 (6/96)