

**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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 DEC 21 PM 1:01

115



1. Name of Limited Partnership **1a. DOCUMENT #**
B94000000523

FOUNTAIN VIEW ASSOCIATES LIMITED PARTNERSHIP

| | | | | | |
|---|--|---|--|--|--|
| Mailing Address 30 N. LASALLE ST. STE. #2600 CHICAGO IL 60602 | | Principal Office Address 2 NORTH LASALLE STREET. STE 1725 CHICAGO IL 60602 | | 3. Date Formed or Registered 12/22/1994 | 5a. Capital Contributions as Shown on record. \$1,001.00 |
| 2. Mailing Address | | 2a. Principal Office Address | | 3a. Date of Last Report 12/09/1997 | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 4. State or Country of Formation IL | 5b. Amount of Capital Contributions in FLORIDA to date: \$1,001.00 |
| City & State | | City & State | | 6. FEI Number 36-3992432 | |
| Zip | | Country | | 7. Certificate of Status Desired | <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable |
| | | | | 8. Make check payable to: Dept. of State (See reverse side for fee information) | |

| | |
|--|--|
| 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) | 11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) | 11b. City, State & Zip Code | 11c. Registration/ Document Number |
|-----------------------------------|---|---|------------------------------------|
| SHERMAN FOUNTAIN VIEW ASSOCI | 190 SOUTH LASALLE STR 2 N. LaSalle St., Ste. 1725 | CHICAGO IL 60603 60602 | B94000000522 |
| | | 500002738755--9 -01/12/98--01093--005 *****88.75 *****88.75 | |
| | | 500002738755--9 -01/12/98--01093--006 *****52.50 *****52.50 | |

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 David A Sherman DATE _____
Sherman Fountain View Associates L.P., G.P., By: Lensoldavi Corp., G.P.
Typed or Printed Name of General Partner Signing Form By: David A. Sherman, President Daytime Telephone Number _____

CR2E003 (8/98)