

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

99 JAN -5 AM 10:29

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA



1. Name of Limited Partnership  
**SHERWOOD GLEN AND WILLOWS APARTMENTS REAL ESTATE  
LIMITED PARTNERSHIP**

1a. DOCUMENT #  
**B95000000146**

Mailing Address  
**600 LAS COLINAS BLVD., SUITE 1900  
IRVING TX 75039**

Principal Office Address  
**C/O REAL ESTATE DEPT.  
85 BROAD ST., 19TH FLOOR  
NEW YORK NY 10004**

3. Date Formed or Registered

**04/25/1995**

3a. Date of Last Report

**12/31/1997**

4. State or Country of Formation

**DE**

6. FEI Number

**54-1757282**

7. Certificate of Status Desired

5a. Capital Contributions as  
Shown on record

**\$293,250.00**

5b. Amount of Capital  
Contributions in FL (FLSIA  
to date)

**\$293,250.00**

☐ Applied For  
☒ Not Applicable

☐ \$8.75 Additional  
Fee Required

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

2. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country

2a. Principal Office Address

Suite, Apt. #, etc.

City & State

Zip Country

9. Name and Address of Current Registered Agent

**CORPORATION INFORMATION SERVICES, INC.  
1201 HAYS STREET  
TALLAHASSEE FL 32301**

Name

Street Address (P.O. Box Number Is Not Acceptable)

Suite, Apt. #, etc.

City

10. If changed, new Registered Agent/Office

**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)

**600 E LAS COLINAS BLV**

11b. City, State & Zip Code

**IRVING TX 75039**

11c. Registration  
Document Number

**B94000000118**

**100002762271--01  
02/02/99--01079--014  
\*\*\*\*526.25 \*\*\*\*526.25**

**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

12/29/98

**Richard Frapart, Asst Vice President of the General Partner of**  
**MFH Realty Limited Partnership, the General Partner** Telephone Number **972/831-2200**