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DIVISION OF CORPORATION

C T CORPORATION SYSTEM
Requestor's Name
660 East Jefferson Street
Address
Tallahassee, Florida 32301
City State Zip Phone
904-222-1092

CORPORATION(S) NAME

600001516596
-06/19/95--01019--035
*****87.50 *****87.50

F.P. Apartments, L.P., Limited Partnership

R95000002360

FILED
95 JUN 19 PM 1:45
SECRETARY OF STATE
DIVISION OF CORPORATIONS

( ) Profit
( ) NonProfit
( ) Limited Liability Company
( ) Foreign
(X) Limited Partnership
( ) Reinstatement

( ) Amendment
( ) Dissolution/Withdrawal
( ) Annual Report
( ) Reservation

( ) Merger
( ) Mark
( ) Other
( ) Change of R.A.
( ) Fictitious Name
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CR2E031 (1-89)

NOTICE OF TRANSFER OF RESERVATION OF LIMITED PARTNERSHIP NAME

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 19 PM 1:46

To the Secretary of State
of the State of Florida:

You are hereby notified that the undersigned, Donald J. Brown,

holder of the reserved limited partnership name,

F.P. Apartments, L.P., Limited Partnership,

which was reserved on May 26, 1995 (reservation #R95000002360),

hereby transfers same to: BH Equities, Inc. (General Partner of F.P. Apartments, L.P.)
400 Locust Street, Suite 690
Des Moines, IA 50309-2331

Dated this 14th day of June, 1995.

Signed: Donald J Brown
Donald J. Brown

Florida Department of State, Jim Smith, Secretary of State

APPLICATION BY FOREIGN LIMITED PARTNERSHIP FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 6 PM 1:47

1. F. P. Apartments, L.P., Limited Partnership
(Name of limited partnership as it is in the home state;

2. ____
(If name is unavailable, name under which the limited partnership proposes to register to transact business in Florida; must contain the word "LIMITED" or "LTD.")

3. Iowa
(State of Formation)

4. June 6, 1995
(Date of Formation)

5. C T CORPORATION SYSTEM
(Name of Registered Agent for Service of Process)

6. c/o C T Corporation System, 1200 South Pine Island Road
(Street Address of Registered Office)

Plantation, Florida 33324
(City) (Zip Code)

7. Acceptance by the Registered Agent for Service of Process.

C T CORPORATION SYSTEM

Connie Bryan
(Officer must sign on this line)

CONNIE BRYAN
SPECIAL ASSISTANT SECRETARY
(Type Name and Title of Officer)

8. 400 Locust Street, Suite 690, Des Moines, IA 50309-2331
(Address of Registered Office required in State of Formation or, if not required, Address of Principal Office.)

9. NAME OF GENERAL PARTNERS

BH Equities, Inc.

F94000058 40

SPECIFIC ADDRESS

400 Locust Street
Suite 690
Des Moines, IA 50309-2331

10. 400 Locust Street, Suite 690, Des Moines, IA 50309-2331
(Office where Names, Addresses and Contributions of Limited Partners are kept.)

11. The limited partnership will undertake to keep the records listing the addresses and capital contributions of the limited partner or limited partners until the limited partnership's registration in Florida is cancelled or withdrawn.

12. 400 Locust Street, Suite 690, Des Moines, IA 50309-2331
(Mailing Address of Limited Partnership)

(FLA. LP 2819 – 2/1/92)

This 13th day of June, 1995.

BH Equities, Inc.

By: _____
President of General Partner

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DIVISION OF CORPORATIONS
95 JUN 19 PM 1:47

STATE OF IOWA

COUNTY OF POLK

THE FOREGOING instrument was acknowledged and sworn to before me this 13th day of June, 1995, by Harry Bookey (Name of General Partner) of President of BH Equities, Inc., General Partner of F. P. Apartments, L.P. (Name of Limited Partnership), An Iowa (State or Country) Limited Partnership, on behalf of the Limited Partnership.

_____
Notary Public
State of Iowa at Large

(SEAL)

My Commission Expires:
9.27.97

KATE L. SWEGLE
NOTARY PUBLIC
STATE OF IOWA

(FLA - LP 2819)

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DIVISION OF CORPORATIONS
95 JUN 19 PM 1:47

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

BEFORE ME, the undersigned, personally appeared Harry Bookey, President of BH Equities, Inc., general partner of F. P. Apartments, L.P., an Iowa Limited Partnership, limited partnership, hereinafter referred to as the "Partnership", who certifies as follows:

1. The amount of capital contributions of the limited partners is $ 1,000.00.

2. The anticipated amount of the capital contributions of the limited partners that are allocated for the purposes of transacting business in Florida is $ 1,000.00.

This 13th day of June, 1995

FURTHER AFFIANT SAYETH NOT.

Under penalties of perjury I declare that I have read the foregoing and that the facts are true, to the best of my knowledge and belief.

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DIVISION OF CORPORATIONS
95 JUN 19 PM 1:47

BH EQUITIES, INC.
General Partner

By: _____
Harry Bookey, President

STATE OF IOWA
COUNTY OF POLK
DATE June 13, 1995

BEFORE ME, the undersigned officer, a Notary Public authorized to administer oaths and to take acknowledgments in and for the State and County set forth above, personally appeared Harry Bookey, President of the General Partner, known to me and know by me to be the person who executed the foregoing Affidavit of Capital Contributions, and he acknowledged to me and before me that he executed this Affidavit as General Partner of said partnership.

IN WHITNESS WHEREOF, I have hereunto set my hand and affixed my official seal, in the State and County aforesaid, this 13th day of June, 1995.

_____
Notary Public

Seal

State of Iowa at Large
My Commission Expires:
11-27-97

(FLA - LP 2820 - 9/20/90)

FILE ON OR BEFORE DECEMBER 31, 1995 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND $500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT

1996

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 JAN -2 AM 9:19

1. Name of Limited Partnership

1a. DOCUMENT # B95000000221

F. P. APARTMENTS, L.P., LIMITED PARTNERSHIP

DO NOT WRITE IN THIS SPACE

2. New Mailing Address, If Applicable

Suite, Apt. #, etc.

City, State & Zip

2a. New Principal Office Address, If Applicable

Suite, Apt. #, etc

City, State & Zip

Mailing Address	Principal Office Address
400 LOCUST STREET, SUITE 600	400 LOCUST STREET, SUITE 600
DES MOINES IA 50309-2301	DES MOINES IA 50309-2301

If above addresses are incorrect in any way, line through the incorrect information and enter correct address in Block 2 and/or 2a

100000168559-11
01711/38--01005--003
****131.25 ****131.25

3. Date Formed or Registered to Do Business in FLORIDA	3a. Date of Last Report	4. State or Country of Formation
08/19/1995		IA

5a. Capital Contributions as Shown on Record:	5b. Amount of Capital Contributions in FLORIDA to date:	6. FEI Number	7. CERTIFICATE OF STATUS REQUIRED
$1,000.00	1,000.00	42-1439899	Applied For / Not Applicable

8. FEES: 1.) Filing Fee: Computed at a rate of $7 per $1,000 on amount entered in 5b or 5a if 5b blank, with a minimum filing fee of $52.50 and a maximum of $437.50
2.) Supplemental Fee: $136.75 (pursuant to section 607.193, F.S.)
THE AMOUNT DUE SHALL BE NO LESS THAN $191.25 ($52.50 + $138.75) AND NO MORE THAN $576.25 ($437.50 + $138.75)
Note: If the amount entered in 5b is greater than amount entered in 5a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.
MAKE CHECK PAYABLE TO FLORIDA DEPT. OF STATE

9. Name and Address of Current Registered Agent	10. If changed, new Registered Agent/Office
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	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

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
BH EQUITIES, INC.	400 LOCUST STREET, SU	DES MOINES IA 50309	F96000005840

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 _____ DATE 12-28-95

Typed or Printed Name of General Partner Signing Form Harry Boorey Telephone Number 515-244-2622

CR2E003 (6/95)

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