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

1. Name of Limited Partnership

1a. DOCUMENT # **B9600000153**

FILED

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

	D 0000000000				
FLORIDA HOMESTEAD LIMITED PARTNERSHIP					
Mailing Address Principal Office Address 380 UNION STREET 390 UNION STREET			3. Date Formed or Registered 05/07/1996	5a. Capital Contributions as 5 shown of repole 10 20 48	
WEST SPRINGFIELD MA 01089	WEST SPRINGFIELD MA 01089		3a. Date of Last Report 09/18/1997 4. State or Country of Formation	5b. Amount of Capital Contributions in FLORIDA to date:	
2. Mailing Address	2a. Principal Office Address		MA	5,401,000.00	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		6. FEI Number 04-3313156	Applied For Not Applicable	
City & State	City & State		7. Certificate of Status Desired	\$8.75 Additional Fee Required	
Zip Country	Zip	Country	8. Make check payable to: Dept. of	Fee Required State (See reverse side for fee information)	
9. Name and Address of Current Re	10. If changed, new Registere	d Agent/Office			
C T CORPORATION SYSTEM	Name				
1200 SOUTH PINE ISLAND ROAD		Street Address (P.O. Box Number is Not Acceptable)			
PLANTATION FL 33324	Suite, Apt. #, etc.		etc.		
		City	·	Zip Code	
10a. Pursuant to the provisions of sections 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 (Do NOT Use Post Office Bo)	Partner (Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number	
NEPSA 1996 PROPERTY INVESTOR	•		WEST SPRINGFIELD MA 0	F96000002275 6701880 279801069011	
			800002 -10/22 ***25	6701880 2/9801069011 67.50 ****526.25	
				K Godo	
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	9/8/90	
Typed or Printed Name of General Partner Stoning Form	Jeremy Pava		Daytime Telephone Number	13) 781-0734 8312	