

FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1998



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 DEC -9 PM 12:43

1. Name of Limited Partnership

1a. DOCUMENT #
B96000000489



THE PARK AT COUNTRYSIDE LIMITED PARTNERSHIP

Mailing Address 1004 FARNAM #400 OMAHA NE 68102		Principal Office Address 1004 FARNAM #400 OMAHA NE 68102		3. Date Formed or Registered 12/19/1996	5a. Capital Contributions as Shown on record. \$2,621,720.00
2. Mailing Address		2a. Principal Office Address		3a. Date of Last Report 01/03/1997	5b. Amount of Capital Contributions in FLORIDA to date:
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. State or Country of Formation TN	
City & State		City & State		6. FEI Number APPLIED FOR	
Zip Country		Zip Country		7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
8. Make check payable to: <u>Dept. of State</u> (See reverse side for fee information) 1304-6322-15635					

9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM % CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		10. If changed, new Registered Agent/Office 1304-6322-15635	
Name		Street Address (P.O. Box Number)	
Suite, Apt. #, etc.		City	
Zip Code		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
THE PARK AT COUNTRYSIDE OPER	1004 FARNAM #400	OMAHA NE	F96000006671
		NOV 18 1997	
		<i>dec</i>	

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 _____

Michael Thesing
Michael Thesing

DATE

9/10/97

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

(402) 444-1630

CR2E003 (6/97)