

**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
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
98 NOV 25 PM 2: 28

1. Name of Limited Partnership	1a. DOCUMENT # B97000000161
JOHNSTOWN/CONSOLIDATED INCOME PARTNERS LIMITED PARTNERSHIP	



Mailing Address P.O. BOX 1089 GREENVILLE SC 29602		Principal Office Address ONE INSIGNIA FINANCIAL PLAZA GREENVILLE SC 29601		3. Date Formed or Registered 03/28/1997	5a. Capital Contributions as Shown on record. \$32,317,000.00
2. Mailing Address		2a. Principal Office Address		3a. Date of Last Report 03/13/1998	5b. Amount of Capital Contributions in FLORIDA to date:
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. State or Country of Formation CA	
City & State		City & State		6. FEI Number 94-3004963	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip Country		Zip Country		7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
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 CORPORATION SERVICE COMPANY Street Address (P.O. Box Number Is Not Acceptable) 1201 HAYS STREET Suite, Apt. #, etc. City TALLAHASSEE FL Zip Code 32301
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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) *Karen B. Rozar* **Karen B. Rozar, Asst. Sec.
Corporation Service Company** DATE **11/25/98**

**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) CONCAP EQUITIES, INC.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) ONE INSIGNIA FINANCIA	11b. City, State & Zip Code GREENVILLE SC 29601	11c. Registration/Document Number P35898
<p>300002700963--5 -12/02/98--01098--013 *****526.25 *****526.25</p>			

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 *Robert A. Long, Jr.* DATE **9/24/98**
Typed or Printed Name of General Partner Signing Form **Robert A. Long, Jr.** VP of Daytime Telephone Number **864 239-1100**

CR2E003 (8/98)