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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 JAN 27 PM 12:22

1. Name of Limited Partnership

1a. DOCUMENT # B97000000185

HAWKSRIDGE MULTIFAMILY LIMITED PARTNERSHIP

Mailing Address	Principal Office Address
8205 LIMA ROAD	8205 LIMA ROAD
FORT WAYNE IN 46818	FORT WAYNE IN 46818

3. Date Formed or Registered: 04/16/1997
3a. Date of Last Report: 01/02/1998
4. State or Country of Formation: IN
5a. Capital Contributions as Shown on record: $800,000.00
5b. Amount of Capital Contributions in FLORIDA to date:
6. FEI Number: 35-2003056 ☐ Applied For ☐ Not Applicable
7. Certificate of Status Desired ☐ $8.75 Additional Fee Required
8. Make check payable to Dept. of State (See reverse side for form of payment)

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

OH, MICHAEL
800 LAURA OAK DRIVE, SUITE 200
NAPLES FL 33963

10. If changed, new Registered Agent/Office

Name: SUE DAVIDSON
Street Address (P.O. Box Number is Not Acceptable): 2455 GREAT HAWK CIRCLE
Suite, Apt. #, etc:
City: NAPLES FL Zip Code: 34105

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): Sue Davidson DATE: 12-31-1998

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
AMATUMN DEVELOPMENT, INC	8205 LIMA ROAD	FORT WAYNE IN 46818	F95000005583

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)(i), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) 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: Hawksridge Multifamily Limited Partnership by Amatumn Development Inc its General Partner by Marvin L Bok President DATE: 12-30-98

Typed or Printed Name of General Partner Signing Form: MARVIN L. BOK Daytime Telephone Number: 219-489-3543

CR2E003 (6/98)