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

SIGNATURE _

Typed or Printed Name of General Partner Signing R

DOCUMENT#

FILED SECRETARY OF STATE POLVISION OF CORPORATIONS 99 JAN -5 AM 9: 15

Daytime Telephone Number 202

Name of Limited Partnership	B97000000491"						
NATIONAL RE/SOURCES CARROLLWOOD, L.P.			JB Cm				
Mailing Address	Principal Office Address			3. Date Formed or Registered	5a. Capit	al Contributions as	
485 WEST PUTNAM AVENUE GREENWICH CT 06830	485 WEST PUTNAM AVENUE GREENWICH CT 06830			09/18/1997 3a. Date of Last Report 03/02/1998	\$6,905,250.00 5b. Amount of Capital Contributions in FLORIDA to date: \$1,655,068		
2. Mailing Address	2a. Principal Office Address			4. State or Country of Formation DE			
Suite, Apt. #, etc.	Suite, Apt. #, etc.			6. FEI Number 65-0776793	Applied For Not Applicable		
City & State	City & State			7. Certificate of Status Desired		\$8.75 Additional	
Zip Country	Zip Country			Fee Required 8, Make check payable to: Dept. of State (See reverse side for fee information)			
9. Name and Address of Current Registered Agent 10, If changed, new Registered Agent/Office							
		Name					
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD		Street Address (P.O. Box Number Is Not Acceptable)					
PLANTATION FL 33324		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)							
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.		11b.	City, State & Zip Code	11c.	Registration/ Document Number	
NRE FINANCIAL HOLDINGS, LLC	485 W. PUTNAM AVENUE		GREENWICH CT 06830		M9700000605		
* *				9000027 -01/27/ ****52	99 01	7199 005002 ****\$26.25	
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.							