

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 MAY -6 AM 10:32



1. Name of Limited Partnership	1a. DOCUMENT # B98000000175
OLD HYDE PARK PROPERTIES LIMITED PARTNERSHIP 94-AR CM	

Mailing Address C/O MADISON MARQUETTE REALTY SERVICES, LP 7 WEST 7TH STREET, SUITE 1600 CINCINNATI OH 45202	Principal Office Address C/O MADISON MARQUETTE REALTY SERVICES, LP 7 WEST 7TH STREET, SUITE 1600 CINCINNATI OH 45202	3. Date Formed or Registered 03/25/1998	5a. Capital Contributions as Shown on record \$999.00
2. Mailing Address P.O. Box 3244 Suite, Apt. #, etc. Tampa, FL City & State 33601-3244 Zip Country	2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country	3a. Date of Last Report	5b. Amount of Capital Contributions in FLORIDA to date 15,300,000.00
		4. State or Country of Formation DE	6. FEI Number 31-1591175 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
		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) FF \$526.25

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 Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City
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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)

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) MRP DEVELOPMENT OHP, INC.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 7 WEST 7TH STREET, SU	11b. City, State & Zip Code CINCINNATI OH 45202	11c. Registration/ Document Number F98000001664
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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

C. Louis Mitsch

C. LOUIS MITSCH
VICE PRESIDENT

DATE

12-28-98

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

CRZE003 (8/98)