


**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 98 DEC 22 AM 8:30 <i>mtm</i> <i>1/6</i>	
1. Name of Limited Partnership CENTEX MULTI-FAMILY COMPANY, L.P.		1a. DOCUMENT # B98000000190			
Mailing Address P.O. BOX 199000 DALLAS TX 75219		Principal Office Address 2728 NORTH HARWOOD STREET DALLAS TX 75201-1516		3. Date Formed or Registered 03/30/1998 3a. Date of Last Report 4. State or Country of Formation DE	
2. Mailing Address Suite, Apt. #, etc. City & State Zip Country		2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country		5a. Capital Contributions as Shown on record. \$3,600,000.00 5b. Amount of Capital Contributions in FLORIDA to date: - 0 -	
6. FEI Number 75-2680895		<input type="checkbox"/> Applied For <input checked="" 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)			
9. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525			10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City		
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) CENTEX MULTI-FAMILY COMPANY	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 2728 NORTH HARWOOD ST	11b. City, State & Zip Code DALLAS TX 75201-1516	11c. Registration/Document Number F98000001780		
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 <i>[Signature]</i> DATE 12/17/98 Typed or Printed Name of General Partner Signing Form JEFF A. MASON Daytime Telephone Number 214-981-5000					

CR2E003 (8/98)