


FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP  
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

<b>LIMITED PARTNERSHIP ANNUAL REPORT 1999</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>1. Name of Limited Partnership</b>  <b>CEDAR INCOME FUND PARTNERSHIP, L.P.</b>		<b>1a. DOCUMENT #</b> <b>B98000000449</b>	
<b>Mailing Address</b>  44 SOUTH BAYLES AVENUE PORT WASHINGTON NY 11050		<b>Principal Office Address</b>  44 SOUTH BAYLES AVENUE PORT WASHINGTON NY 11050	
<b>2. Mailing Address</b>  Suite, Apt. #, etc.  City & State  Zip Country		<b>2a. Principal Office Address</b>  Suite, Apt. #, etc.  City & State  Zip Country	
<b>3. Date Formed or Registered</b>  07/07/1998		<b>5a. Capital Contributions as Shown on record</b>  \$3,352,781.25	
<b>3a. Date of Last Report</b>		<b>5b. Amount of Capital Contributions In FLORIDA to date</b>	
<b>4. State or Country of Formation</b>  DE		<b>6. FEI Number</b>  11-3440066	
<b>7. Certificate of Status Desired</b>		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
<b>8. Make check payable to Dept. of State (See reverse side for fee information)</b>  451.50 526.25		<b>9. Name and Address of Current Registered Agent</b>  C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	
<b>10. If changed, new Registered Agent/Office</b>  Name  Street Address (P.O. Box Number Is Not Acceptable)  Suite, Apt. #, etc.  City  FL Zip Code		<b>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.</b>  SIGNATURE (Registered Agent Accepting Appointment) _____ DATE _____	
<b>A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b>			
<b>11. Name(s) of General Partner(s)</b>  CEDAR INCOME FUND, LTD.		<b>11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)</b>  44 SOUTH BAYLES AVENUE  PORT WASHINGTON NY 11050	
<b>11b. City, State &amp; Zip Code</b>  PORT WASHINGTON NY 11050		<b>11c. Registration/Document Number</b>  F98000003889  400002771524--8 -02/10/93--01055--003 ****526.25 ****526.25  4-29-99	
<b>Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.</b>			
<b>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.</b>  SIGNATURE _____ DATE _____  Typed or Printed Name of General Partner Signing Form _____ Daytime Telephone Number _____			

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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