

**FILE ON OR BEFORE APRIL 7, 1999 TO AVOID
REVOCATION AND \$500 PENALTY FEE**

**LIMITED PARTNERSHIP
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DATE 2/17/99
000019 00 3:56



1. Name of Limited Partnership LYONS COVE APARTMENTS LIMITED PARTNERSHIP		1a. DOCUMENT # B98000000516	
Mailing Address 848 BRICKELL AVENUE, SUITE 810 MIAMI FL 33131		Principal Office Address 848 BRICKELL AVENUE, SUITE 810 MIAMI FL 33131	
2. Mailing Address		2a. Principal Office Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
		3. Date Formed or Registered 08/18/1998	5a. Capital Contributions as Shown on record \$4,000,000.00
		3a. Date of Last Report	5b. Amount of Capital Contributions in FLORIDA to date
		4. State or Country of Formation DE	
		6. FEI Number 65-0857971	<input checked="" 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)			

9. Name and Address of Current Registered Agent LISS, RICHARD % DAYCO HOLDING CORP. 848 BRICKELL AVENUE, SUITE 810 MIAMI FL 33131		10. If changed, new Registered Agent/Office	
		Name	
		Street Address (P.O. Box Number Is Not Acceptable)	
		Suite, Apt. #, etc.	
		City	
		FL <i>[Signature]</i>	

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) DAYCO OF SOUTH FLORIDA CORP.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 848 BRICKELL AVENUE,	11b. City, State & Zip Code MIAMI FL 33131	11c. Registration/ Document Number P96000018098
600002786076--0 -02/24/99--01090--013 ****526.25 ****526.25			

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.

SIGNATURE *[Signature]* DATE 2/17/99
Typed or Printed Name of General Partner Signing Form _____ Daytime Telephone Number _____

CR2E003 (12/98)