

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P33660** (2)

1. Corporation Name

ROSEWOOD APARTMENT EQUITIES, INC.



Principal Place of Business Mailing Address
**600 E LA COLINAS BLVD
STE 1800
IRVING TX 72039
US** **600 E. LAS COLINAS BLVD
STE 1800
IRVING TX 75039
US**

3. Date Incorporated or Qualified **04/18/1991** 3a. Date of Last Report **05/01/1995**

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	4. FEI Number 75-2375421	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation 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 the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DC <input type="checkbox"/> DELETE	1.1 TITLE	Director/President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARPENTERIII, JOHN W	1.2 NAME	Randall M. Paulson
STREET ADDRESS	3700 MIRAMOR	1.3 STREET ADDRESS	10670 N. Central Expressway, Suite 600
CITY-ST-ZIP	DALLAS TX	1.4 CITY-ST-ZIP	Dallas, TX 75231
TITLE	DP <input type="checkbox"/> DELETE	2.1 TITLE	Director/Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLERIII, J F	2.2 NAME	Robert A. Waldman
STREET ADDRESS	3517 SOUTHWESTERN	2.3 STREET ADDRESS	10670 N. Central Expressway, Suite 600
CITY-ST-ZIP	DALLAS TX	2.4 CITY-ST-ZIP	Dallas, TX 75231
TITLE	VST <input type="checkbox"/> DELETE	3.1 TITLE	Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHUBERT, JR F B	3.2 NAME	Mark W. Branigan
STREET ADDRESS	10121 FERNDAL	3.3 STREET ADDRESS	10670 N. Central Expressway, Suite 600
CITY-ST-ZIP	DALLAS TX	3.4 CITY-ST-ZIP	Dallas, TX 75231
TITLE	V <input type="checkbox"/> DELETE	4.1 TITLE	Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DORAMUS, MICHAEL W	4.2 NAME	Drew D. Potera
STREET ADDRESS	3301 SOUTHWESTERN BLVD	4.3 STREET ADDRESS	10670 N. Central Expressway, Suite 600
CITY-ST-ZIP	DALLAS TX	4.4 CITY-ST-ZIP	Dallas, TX 75231
TITLE	V <input type="checkbox"/> DELETE	5.1 TITLE	Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRIS, CHRISTOPHER C	5.2 NAME	James D. Canon, III
STREET ADDRESS	4320 EDMONDSON AVE	5.3 STREET ADDRESS	10670 N. Central Expressway, Suite 600
CITY-ST-ZIP	DALLAS TX	5.4 CITY-ST-ZIP	Dallas, TX 75231
TITLE	AS <input type="checkbox"/> DELETE	6.1 TITLE	Assistant Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUNLAP, NANCY K.	6.2 NAME	Cheryl Weaver
STREET ADDRESS	500 CRESCENT COURT #300	6.3 STREET ADDRESS	10670 N. Central Expressway, Suite 600
CITY-ST-ZIP	DALLAS TX	6.4 CITY-ST-ZIP	Dallas, TX 75231

14. 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 further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)