

FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

96 DEC 20 PM 1:40



1. Name of Limited Partnership ORANGE LAKE ACRES, LTD.	1a. DOCUMENT # A03081
--	---------------------------------

Mailing Address 904 S.E. 2ND STREET OCALA FL 34471-2324	Principal Office Address 5901 AVENUE C MONTOSH FL 32064 904 S.E. 2nd St. Ocala, FL 34471-2324	3. Date Formed or Registered 08/23/1972	5a. Capital Contributions as Shown on record. \$125,000.00
2. Mailing Address 904 S.E. 2nd ST. House	2a. Principal Office Address 904 S.E. 2nd ST. House	3a. Date of Last Report 12/19/1995	5b. Amount of Capital Contributions in FLORIDA to date:
City & State Ocala, FL.	City & State Ocala, FL.	4. State or Country of Formation FL	6. FEI Number NOT APPLICABLE <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
Zip 34471-2324	Country Mexico	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 BELLAS, BETTY 904 SE 2ND STREET OCALA FL 34471-2324	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code
---	--

10a. Pursuant to the provisions of sections 620.1061 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)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/Document Number
BELLAS, BETTY	904 S.E. 2ND STREET	OCALA FL 34471-2324	

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 Betty Bellas DATE 12-16-96
Typed or Printed Name of General Partner Signing Form BETTY BELLAS Daytime Telephone Number 352-620-0290

CR2E003 (6/96)