

FILE ON OR BEFORE APRIL 9, 1997 TO AVOID REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1997
 FLORIDA DEPARTMENT OF STATE
 Sarah M. Matham
 Secretary of State
 DIVISION OF CORPORATIONS

A15844

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

97 MAY -1 PM 3:00



1. Name of Limited Partnership
EMPIRE FLORIDA, LTD.

1a. DOCUMENT #
A15844

Mailing Address 26 WEST CENTRAL BLVD. ORLANDO FL 32801	Principal Office Address 28 WEST CENTRAL BLVD. ORLANDO FL 32801	3. Date Formed or Registered 12/02/1983	5a. Capital Contributions as Shown on record. \$428,700.00
2. Mailing Address P.O. Box 3444	2a. Principal Office Address	3a. Date of Last Report 12/19/1995	5b. Amount of Capital Contributions in FLORIDA to date:
Suite, Apt. #, etc. 4th Floor	Suite, Apt. #, etc.	4. State or Country of Formation FL	
City & State ORLANDO FLORIDA	City & State	6. FEI Number 59-2389867	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip 32802	Country	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 WILLIAMS, WARREN E. 28 WEST CENTRAL BLVD. P.O. BOX 3444 WINTER PARK FL	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) 200002171672--3 Suite, Apt. #, etc. -05/08/97--01112--001 City ***1041.25 ***1041.25 FL
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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)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number
EMPIRE FLORIDA OF ORLANDO, I	28 WEST CENTRAL BLVD.	ORLANDO FL	S90089
EMPIRE FLORIDA, INC.	28 WEST CENTRAL BLVD.	ORLANDO FL	S90087
REAL REAL PROPERTY CORPORATI	28 WEST CENTRAL BLVD.	ORLANDO FL	P92000015357

REINSTATEMENT 97 *lwm*

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 *By [Signature] PRES* DATE **4-9-97**

Typed or Printed Name of General Partner Signing Form _____ Daytime Telephone Number _____

CR2E003 (11/96)