

**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 Morham
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 DEC 27 PM 1:41**

113



1. Name of Limited Partnership

1a. DOCUMENT #
A18051

ORLANDO-LAKE CONWAY LIMITED PARTNERSHIP

Mailing Address

Principal Office Address

~~2507 POST ROAD~~
~~SOUTHPORT CT 06490~~

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~~SOUTHPORT CT 06490~~

3. Date Formed or Registered

10/12/1984

5a. Capital Contributions as Shown on record.

\$3,000,000.00

3a. Date of Last Report

12/26/1995

5b. Amount of Capital Contributions in FLORIDA to date:

4. State or Country of Formation

CT

6. FEI Number

06-1117982

☐ Applied For
☐ Not Applicable

7. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

8. Make check payable to: Dept. of State (See reverse side for fee information)

2. Mailing Address

2a. Principal Office Address

8065 Leesburg Pk
Suite, Apt. #, etc.
Suite 400
City & State
Vienna, VA
Zip Country
22182 U.S.A.

8065 Leesburg Pk
Suite, Apt. #, etc.
Suite 400
City & State
Vienna, VA
Zip Country
22182 U.S.A.

9. Name and Address of Current Registered Agent

**SPER, PAUL N.
33920 U.S. 19 N.
SUITE 331
PALM HARBOR FL 34684**

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 620.1051 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

EPW PROPERTIES, INC.
NHP-HDV Nine, INC.
Amended 5/15/96

~~2507 POST ROAD~~
8065 Leesburg Pk

~~SOUTHPORT CT~~
Vienna, VA 22182

P08221

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******576.25 ****576.25**

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

Mildred C. Banks

DATE **12-16-96**

Typed or Printed Name of General Partner Signing Form

NHP-HDV Nine, Inc. (f/k/a EPW Properties, Inc.)
By: Mildred C. Banks, Assistant Secretary

Daytime Telephone Number **703/294-2400**

CR2E003 (6/96)