



**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 NOV -4 PM 12: 16 	
1. Name of Limited Partnership NSTAR I, LTD.		1a. DOCUMENT # A29237			
Mailing Address 501 EAST JACKSON ST. ORLANDO FL 32801		Principal Office Address 501 EAST JACKSON ST. ORLANDO FL 32801		3. Date Formed or Registered 11/21/1989	5a. Capital Contributions as Shown on record. \$19,176.68
2. Mailing Address Suite, Apt. #, etc. City & State Zip Country		2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country		3a. Date of Last Report 12/20/1995	5b. Amount of Capital Contributions in FLORIDA to date.
				4. State or Country of Formation FL	6. FEI Number 59-2985578 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
				7. Certificate of Status Desired <input type="checkbox"/> \$6.75 Additional Fed Required	8. Make check payable to: Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent SCHIEFERDECKER, HOWARD A. 501 EAST JACKSON ST. ORLANDO FL 32801		10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City	
		000002003580--4 11/13/96--01173--007 ***273. FL ***273.15	

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
MSI INVESTMENTS, INC.	501 EAST JACKSON STRE	ORLANDO FL	L28614
SDP INVESTMENTS, INC.	501 EAST JACKSON ST.	ORLANDO FL	L28451
AEGIS INVESTMENTS, INC.	2200 LUCIEN WAY, SUIT	MAITLAND FL	L28441
STOLLER NORTHSTAR, INC.	601 S. LAKE DESTINY R	MAITLAND FL	K72705

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.

NSTAR I, LTD., BY: **SDP INVESTMENTS, INC., MANAGING GENERAL PARTNER**
SIGNATURE  DATE **11/1/96**
HOWARD A. SCHIEFERDECKER, PRESIDENT
Typed or Printed Name of General Partner Signing Form _____ Daytime Telephone Number _____

CR2E003 (6/96)

KWM