

**FILE ON OR BEFORE APRIL 8, 1998 TO AVOID
REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP
ANNUAL REPORT
1998



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 MAR -4 AM 11:45

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
		3a. Date of Last Report 11/04/1996	5b. Amount of Capital Contributions In FLORIDA to date:
2. Mailing Address 125 S. Swoope Ave. Suite 103 Maitland FL 32751 Orange	2a. Principal Office Address 125 S. Swoope Ave. Suite 103 Maitland FL 32751 Orange	4. State or Country of Formation FL	
		6. FEI Number 59-2985578	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
		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 SCHIEFERDECKER, HOWARD A 501 EAST JACKSON ST. ORLANDO FL 32801	10. If changed, new Registered Agent/Office Name SCHIEFERDECKER, HOWARD A Street Address (P.O. Box Number Is Not Acceptable) 125 S. Swoope Ave. Suite 103 Maitland FL 32751
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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
MSI INVESTMENTS, INC.	125 S. Swoope Ave. Ste 103 501 EAST JACKSON STRE	ORLANDO FL Maitland, Fla	L28814
SDP INVESTMENTS, INC.	125 S. Swoope Ave. Ste 103 501 EAST JACKSON ST.	ORLANDO FL Maitland, Fla	L28451
AEGIS INVESTMENTS, INC.	2200 LUCIEN WAY, SUIT	MAITLAND FL	L28441
STOLLER NORTHSTAR, INC.	601 S. LAKE DESTINY R	MAITLAND FL	K72705

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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 **Howard A. Schieferdecker, President** DATE _____
Typed or Printed Name of General Partner Signing Form Daytime Telephone Number **407-645-2275**

CR2E003 (12/97)