

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

FILED

96 NOV -4 PM 3: 15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED PARTNERSHIP ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	--

1. Name of Limited Partnership NSTAR 2, LTD.	1a. DOCUMENT # A32262 <i>97-AR CM</i>
--	--



Mailing Address 501 EAST JACKSON STREET ORLANDO FL 32801	Principal Office Address 501 EAST JACKSON STREET ORLANDO FL 32801
2. Mailing Address	2a. Principal Office Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

3. Date Formed or Registered 11/25/1991	5a. Capital Contributions as Shown on record \$264,000.00
3a. Date of Last Report 12/21/1995	5b. Amount of Capital Contributions in FLORIDA to date:
4. State or Country of Formation FL	
6. FEI Number 59-3090512	<input type="checkbox"/> Applied For <input 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 STREET ORLANDO FL 32801	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) 700002004217--5 Suite, Apt. #, etc. -11714796--01029--001 City ****576.25 ****576.25 Zip Code FL
--	---

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
AEGIS INVESTMENTS, INC.	2200 LUCIEN WAY, SUIT	MAITLAND FL	L28441
SDP INVESTMENTS, INC.	501 E. JACKSON STREET	ORLANDO FL	L28451
OYLER NORTHSTAR, INC.	951 NORTH LAKE SYBELI	MAITLAND FL 32751	K72706

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 2, 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 **407 843 1862**

CR2E003 (6/96)