

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

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



JL 12/18

LIMITED PARTNERSHIP ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra Mortham Secretary of State DIVISION OF CORPORATIONS	
1. Name of Limited Partnership CHELSEA PARC AT TUSCAWILLA, LTD.		1a. DOCUMENT # A33036	
Mailing Address 1500 BRAEWICK ST. WINTER SPRINGS FL 32708		Principal Office Address 1500 BRAEWICK ST. WINTER SPRINGS FL 32708	
2. Mailing Address Suite, Apt. #, etc. City & State Zip Country		2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country	
		3. Date Formed or Registered 06/10/1992	
		3a. Date of Last Report 10/11/1995	
		4. State or Country of Formation FL	
		5a. Capital Contributions as Shown on record \$1,500,000.00	
		5b. Amount of Capital Contributions in FLORIDA to date \$ 830,000.00	
		6. FEI Number 59-3170086	
		<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 BOLIN, TED 1500 BRAEWICK ST. WINTER SPRINGS, FL 32708		10. If changed, new Registered Agent/Office	
		Name BOB L. ROBINSON	
		Street Address (P.O. Box Number Is Not Acceptable) 730 LAKE CREST COVE, SUITE B	
		Suite, Apt. #, etc. SUITE B	
		City ALTAMONTE SPRINGS	Zip Code FL 32701

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 620.193, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) *Bob L. Robinson* DATE **16 November 1996**

**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) CHELSEA PARC, INC.		11a. (Do NOT Use Post Office Box Numbers) Address of Each General Partner 730 LAKE CREST COVE,		11b. City, State & Zip Code ALTAMONTE SPRINGS FL		11c. Registrar/Document Number P9600004109	
						100002083861 - 0 -12/19/95-01069-010 ****437.50 ****437.50 100002083861 - 0 -12/19/95-01069-010 ****138.75 ****138.75	

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 *Bob L. Robinson, Pres* DATE **16 November 1996**

Typed or Printed Name of General Partner Signing Form **BOB L. ROBINSON, Pres.** Daytime Telephone Number **407-260-9653**

CR2E003 (6/96)