

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

LIMITED PARTNERSHIP

FLORIDA DEPARTMENT OF STATE

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

96 DEC 31 PM 3:13

**A9600002413**



1. Name of Limited Partnership <b>Metro Place, Ltd.</b>		1a. DOCUMENT # <b>A96000002413</b>	
2. Mailing Address 3300 S. Hiwassee Rd. Suite 107 Orlando, FL 32835		2a. Principal Office Address 3300 S. Hiwassee Rd. Suite 107 Orlando, FL 32835	
3. Date Formed or Registered <b>12/23/96</b>		5a. Capital Contributions as Shown on record <b>\$50.00</b>	
3a. Date of Last Report <b>n/a</b>		5b. Amount of Capital Contributions in FLORIDA to date <b>\$50.00</b>	
4. State or Country of Formation <b>Florida</b>		6. FEI Number <input checked="" 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)	

BK 1/2/97

9. Name and Address of Current Registered Agent <b>B&amp;C Corporate Services of Central Florida, Inc. 390 N. Orange Ave., Ste. 1100 Orlando, FL 32801</b>		10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City <b>FL</b> Zip Code	
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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) <b>Metro Place, Inc.</b>	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) <b>3300 S. Hiwassee Rd. Ste. 107</b>	11b. City, State & Zip Code <b>Orlando, FL 32835</b>	11c. Registration/Document Number <b>P96000102138</b>
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CFR2E003 (6/96)

**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 Metro Place, Inc., general partner  
DATE **12/30/96**  
Typed or Printed Name of General Partner Signing Form **Charles S. Carlton, Vice President of Metro Place, Inc., general partner** Daytime Telephone Number **(407) 297-1600**