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

96 007 14 AMID: 57

1. Name of Limited Partnership	1a. DOCUME A29378	NT#		
OCK SPRINGS ROAD, LT	D.			
Mailing Address P.O. BOX 1748 WINTER PARK FL 32790-1748	Principal Office Address P.O. BOX 1748 WINTER PARK FL 32790-1748		3. Date Formed or Registered 12/20/1989 3a. Date of Last Report	5a. Capital Contributions as Shown on record \$2,808,000-00
2. Mailing Address	2a. Principal Office Address		12/14/1995 4. State or Country of Formation FL	5b. Aniount of Capital Contributions in Ft ORIDA to date
Suite, Apt. #, etc.	Suite, Apt #, etc.		6. FEI Number 59-2986528	Applied For
City & State	City & State		7. Certificate of Status Desired	Not Applicable \$8.75 Additional
Zip Country	Zip Country		8. Make check payable to Dept. o	Fee Required State (See reverse side for fee informati
9. Name and Address of	Current Registered Agent		10. If changed, new Registere	d Agent/Off-ce
Gardner, Robert N. 2487 Aloma Ave. Winter Park Fl 32792		Name Street Address (P.O. Box Number Is Not Acceptable)		
		Suite, Apt. #, etc. City FL Zip Code		
agent Tam familiar with, and accept the ob- SIGNATURE (Registered Agent Accepting Appointm A GENERAL PARTNER TI	affice or myistered agent, or both, in the State of Flore aligations is section 620-192, Florida Statutes	da Such change was a	uthorized by its general partner(s). Ther DATE TNERSHIP OR OTHE	eby accept the appointment of registere
11. Name(s) of General Partner(s)	11a. (Do NOT Use Post Office Box	Partner x Numbers) 11b.	City, State & Zip Code	11c. Registration/ Document Number
CONDEV ASSOCIATES	2487 ALOMA AVE.	V	vinter Park Fl	G92358900030
			SUUUU1 -10/23 *****5	9838957 79601038009 78.25 ****576.25
Note: General partners MAY	NOT be changed on this form	; an amendm	ent must be filed to ch	ange a general pa

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 Trelease 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 or this annual report is $\frac{1}{2}$ to and accurate and that my signature shall have the same legal effects as if made under eath. I further cert fy that I am a General Partner of the limited partnership, receiver or trusted empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE. | but) Sund Fartner Conder Associates G. Roate 9124/qp

Typed or Printed Name of Gerfural Partner Signing Form. Robert 12 GARDNER Daytone Telephone Number. 407-679-1748