1. Hence al Limited Pathereship 11a	LIMITED PARTNERSHIP ANNUAL REPORT 1997	FLORIDA DEPARTM Sandra Mo Secretary o DIVISION OF COR	ortham of State		NLED NY UF STATE CORPORATIONS 8 FM 2: 16
MAGNOLIA GROVES OF TAVARES, LTD. Mering Address 215 GEGEL CT. ORLANDO R 3200 2215 GEGEL CT. ORLANDO R 3200 2215 GEGEL CT. ORLANDO R 3200 2216 GEGEL CT. ORLANDO R 3200 2217 GEGEL CT. ORLANDO R 3200 24. Multing Address 25. Multing Address 26. Multing Address 27. Multing Address 28. Principal Office Address 59. State of Country of Formation 74. State of Country of Formation 75. Amment of Address of Current Registered Agent City & State 210. Country 211 Country 212 Country 213 GEGEL CT. 3176.800.00 3176.800.00 3176.800.00 3176.800.00 3176.800.00 3176.800.00 3176.800.00 3176.800.00 3176.800.00 3176.800.00 3176.800.00 3176.800.00 3176.800.00 3176.800.00 3176.800.00 <t< th=""><th>1. Name of Limited Partnership</th><th>1a. DOCUME A02685</th><th>ENT #</th><th></th><th></th></t<>	1. Name of Limited Partnership	1a. DOCUME A02685	ENT #		
Maining Address Principal Unite Address 12/14/1973 Sincerrise 2215 GERGEL CT. ORLANDO FL 32805 281.5 CREEL CT. ORLANDO FL 32805 12/14/1973 Sincerrise Sincerrise 2. Musting Address 28. Principal Unice Address 4. State or Country of Formation FL 5b. Anount of Capital biddle 5b. Anount of Capital biddle Sincerrise Sinceris Sincerrise Sincerrise<	IAGNOLIA GROVES OF T	AVARES, LTD.			
12/11/1895 12/11/1895 4. State or Country of Formation 5b. Amount of Capital Controlutions in FL CRE Voide Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Crity & State Zip Country Zip Country <t< td=""><td>2215 GEIGEL CT.</td><td>2215 GEIGEL CT.</td><td></td><td>12/14/1973 38. Date of Last Report</td><td></td></t<>	2215 GEIGEL CT.	2215 GEIGEL CT.		12/14/1973 38. Date of Last Report	
2. Mailing Address 28. Principal Office Address FL 5.4, 2.9, 1.4, Suite, Apt. #, etc. Suite, Apt. #, etc. 6. FEI Number Applied FC City & State City & State 7. CentAcate of Status Desired 38.75 Acd Yee Required Zip Country Zip Country 8. Make check payable to Dept of State (See reverse sold for feel 9. Name and Address of Current Registered Agent 10. If changed, new Registered Agent/Office Street Address (P O Box Number Is Not Acceptable) ORLANDO FL 32806 Street Address (P O Box Number Is Not Acceptable) Street Address (P O Box Number Is Not Acceptable) ORLANDO FL 32806 Street Address Such Change was authorized by its general partners). Index by accept the apportune of a set or registered agent, or hom, in the State of Florids Statutes by its general partners). Index by accept the apportune of a set or registered agent of Dot, in the State of Florids Statutes. 10a, Pursuant to the provisions of sectors 520 1051 and 620 192, Forida Statutes. Street Address (P O Box Number Is Not Acceptable) Street Address (P O Box Number Is Not Acceptable) Street Address of the state of Florids. Street Address (P O Box Number Is Not Acceptable) Street Address of the state of Florids. ORLANDO FL 32806 Street Address Such Change was authorized by its general partner(s). Interest as ot the state of Florids. <td< td=""><td></td><td></td><td></td><td></td><td>5b. Amount of Capital Contributions in FLORIDA</td></td<>					5b. Amount of Capital Contributions in FLORIDA
Suite, Apt. #, etc. Suite, Apt. #, etc. 6. FEI Number Sp 1511845 Applied Fc. City & State City & State 7. Contricate of Status Degred \$8,75, Acd Fee Regul Zip Country Zip Country 8. Make check payable to Depred \$8,75, Acd 9. Name and Address of Current Registered Agent 10. If changed, new Registered Agent/Office Name CRAWFORD, JAMES I. 215 GEIGEL CT. Street Address (P O Box Number is Not Acceptable) Street Address (P O Box Number is Not Acceptable) ORLANDO FL 32806 Suite, Apt. # etc. City FL Zip Code 10a, Pursuant to the provisions of sections 620 1051 and 620 192, Forida Statutes, the above named Imited partmetship organized or registered under the laws of the State of For da, submits the state of for da status the state of for da state	2. Mailing Address	2a. Principal Office Address	<u>_</u>		#54,299.00
City & State City & State 7. Certificate of Status Desired 8. 875 Add Zip Country Zip Country 8. Make check payable to Dept of State (See reverse set de for fee) 9. Name and Address of Current Registered Agent 10. If changed, new Registered Agent/Office 8. Make check payable to Dept of State (See reverse set de for fee) 9. Name and Address of Current Registered Agent 10. If changed, new Registered Agent/Office 10. If changed, new Registered Agent/Office CRAWFORD, JAMES I. 215 GeRGEL CT. Street Address (P O Box Number Is Not Acceptable) 20 ORLANDO FL 32806 Suite. Apt # etc City FL Zip Code 10a. Pursuant to the provisions of sections 620 1051 and 620 192. Forida Statutes, the above named Infrade partnership organized or registered under the laws of the State of For da submits the state of hor da submits the state of Por da Statutes. Date A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS EN MUSCies for the state of Por da Statutes in the State of State State State in the state of Por da State	Suite, Apt. #, etc.	Suíte, Apt. #, etc.		6. FEI Number 59-1511845	
Zip Country Zip Country Respiration 9. Name and Address of Current Registered Agent 10. If changed, new Registered Agent/Office 8. Make check payable to Dept of State (See revises side for fee 1 9. Name and Address of Current Registered Agent 10. If changed, new Registered Agent/Office Name CRAWFORD, JAMES I. 2215 GEKGEL CT. Name Street Address (PO Box Number Is Not Acceptable) ORLANDO FL 32806 Sufe. Apl. #. etc City FL Zip Code 10a. Pursuant to the provisions of sections 620 1051 and 620 192, Florida Statutes, the above named immediate partnership organized or registered under the laws of the State of For da. submits this to for the purpose of changing its registered agent, or both, in the State of Florida Statutes Store Address (PO Box Number Is Not Acceptable) Date SIGNATURE (Registered Agent Accepting Appointment)	City & State	City & State			
CRAWFORD, JAMES I. Name 2215 GERGEL CT. Street Address (P.O. Box Number Is Not Acceptable) Sute. Apt. #. etc City T0a. Pursuant to the provisions of sections 820 1051 and 620 192. Florida Statutes, the above named limited partnership organized or registered under the laws of the State of Flor da. submits that of for the purpose of changing its registered agent, or both, in the State of Florida Statutes, the above named limited partnership organized or registered under the laws of the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of a agent. I am familiar with, and accept the obligations of section 620 192. Florida Statutes SIGNATURE (Registered Agent Accepting Appointment)	Zip Country	Zip C	Country		Fee Required
CRAWFORD, JAMES I. Name 2215 GEKGEL CT. Street Address (P.O. Box Number Is Not Acceptable) Sute. Apt. #. etc City T0a. 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. Such change was authorized by its general partner(s). I hereby accept the appointment of agent. I am familiar with, and accept the obligations of section 620 192. Florida Statutes. SIGNATURE (Registered Agent Accepting Appointment)	Q Name and Address of (Current Registered Agent		10 If changed, new Registere	od Anent/Office
2215 GEKGEL CT. ORLANDO FL 32806 Street Address (P.O. Box Number Is Not Acceptable) Suite. Apt. #. etc City FL Zip Code 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. Students this general partner(s) 1 hereby accept the appointment of reagent. I am familiar with, and accept the obligations of sections 620 102. Florida Statutes SIGNATURE (Registered Agent Accepting Appointment)			Name		
Side. April 10 Bit City FL Zp Code FL Zp Code FL Zp Code T0a. 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 For da, submits this e 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 r agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes SIGNATURE (Registered Agent Accepting Appointment) A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS EN MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. 11. Name(s) of General Partner(s) 11a. (pol/W80PDs of Fact) General Partner(s) CRAWFORD, JAMES I. APOLITANO, CARL M. KRAUSS, WM. E. KRAUSS, WM. E. KRAUSS, WM. E. KRAUSS, WM. E. KRAUSS, WM. E. KRAUSS, WM. E	CRAWFORD, JAMES I.				
FL IDa. 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 Fior da. submits this set for the purpose of changing its registered office or registered agent, or both, in the State of Fiorda Statutes Image: Item amiliar 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 EN MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. 11. Name(s) of General Partner(s) 11a. (Do NOT Use Fool Office Eox Numbers) Cray. State & Zip Code Inc. Registration DATE Colspan="2">Colspan="2">Intervert Intervert Name(s) of General Partner(s) 11a. (Do NOT Use Fool Office Eox Numbers) Cray. State & Zip Code Intervert ORLANDO FL 32.50.6 ORLANDO FL 32.50.6					