1. Norme of Lented Performance       1a. DOCUMENT # A10240         1. Norme of Lented Performance       1a. Document Office Address         Principal Colloc Address       Principal Colloc Address         Principal Colloc Address       3a. Date Formed or Mediaters         2. Mailing Address       Principal Colloc Address         2. Mailing Address       2a. Principal Colloc Address         2. Mailing Address       2a. Principal Colloc Address         3b. State April & etc.       51:500.000.00         2. Mailing Address       Country         3b. Norm and Address of Country Biologianed Agent       10. Principal Colloc Address         7. Country       Applicate Agent         8. Norm and Address of Country Biologianed Agent       Norm         1200 S. PINE BLAND ROAD       Part Address (PC) Don Norther in Hall Accessibility Performance         9. Norm and Address of Country Bioletime Agent       Norm         1200 S. PINE BLAND ROAD       Part Address (PC) Don Norther in Hall Accessibility         PARAMATION PL 33324       Norm       Stot Collocate Agent<	LIMITED PARTNERSHIP ANNUAL REPORT <b>1998</b>	FLORIDA DEPARTMI Sandra B. M Secretary of DIVISION OF COR	l <b>ortham</b> f State		SECRETARY OF ST DIVISION OF CORPORA 98 JAN 15 PM 3:
CONDUNUS PARTINENS, CID.      Anny address     Principal Office     P	1. Name of Limited Partnership	1a. DOCUMENT # A10240			
Hainrig Address Principal Office Address Prin	-L ORLANDO PARTNERS,	LTD.			
TH AVE & BUHWMMAD AU BUD. D. BOX 32780 DUISVLE KY 4522-2780       TH AVE & BUHWMMAD AU BUD. P.D. BOX 32780 DUISVLE KY 4522-2780       \$1.500.000.00         21. Melling Address       Za. Phincipal Office Address       4. Bain or Covery of Permaton NY 4       \$1.500.000.00         22. Melling Address       Za. Phincipal Office Address       KY       State of the thermaton NY 4       \$1.500.000.00         319, 6 State       Cover of Permaton NY 4       State of the Applied For Coverse with of Permaton NY 4       \$1.500.000.00         319, 6 State       Coverse with office Address       KY       State of the Applied For Coverse with office Address         319, 6 State       Coverse with office Address       NY       State of the Applied For Coverse with office Address of Coverse with the two For Applied For The Applied For Provide Address of Coverse With The Applied For The Applied					58. Capital Contributions as
2. Mailing Address       28. Princips Office Address       4. Sub or Country of Formation       Control of FLORIDA         2. Mailing Address       28. Princips Office Address       4. Sub or Country of Formation       Control of FLORIDA         2. Mailing Address       28. Princips Office Address       4. Sub or Country of Formation       Control of FLORIDA         2. Mailing Address       Call A, pl 4, etc.       6. FEI Number       6. FEI Number       Chandress of Sub Desired       8. FE Address         2. Mailing Address of Current Registered Agent       10. If Changed new Registered Agent/Office       8. FE Address       8. Make check payable to: Dest of Subs (See rewrate allos for the Mor         2. Name and Address of Current Registered Agent       10. If Changed new Registered Agent/Office       10. If Changed new Registered Agent/Office         CT CORPORATION SYSTEM       Steef Address (Pr.O. Box Number is Not Acceptable)       10. If Changed new Registered Agent/Office         2. Pursuant to the provisions of sections £00 to: and £00 tis?, Forde Steakes, the above changed is not pay as autorized by Ke general partner(s). In Prove Second the adpoint the State of Forde, submerts the asset of the pay and partner(s). The State Forde Steakes.       10. If Changed agent agen	TH AVE & MUHAMMAD ALI BLVD. .0. Box 32760	4TH AVE & MUHAMMAD ALI BLVD. P.O. BOX 32760		03/20/1981 38. Date of Last Report	\$1,500,000.00
Mailing Address					<b>5b.</b> Amount of Capital Contributions in FLORIDA to date:
Suite. Apt. #, etc.         Suite. Apt. #, etc.         Suite. Apt. #, etc.         6, F3 Number 610979813         Applied For Not Applicable           Site         City & State         7. Centicase of Salue Desired         98, 75 Actions           Site         Country         Zip         Country         8. Make check payable to: Dept. of State (See revenue add for the inform           9. Name and Address of Current Registered Agent         10. If changed, new Registered Agent/Office         7. Centicase of Salue Agent/Office           1200 S. FINE (SLAND ROAD PLANTATION FL 33324         Number of Address of Courrent Registered Agent/Office         10. If changed, new Registered Agent/Office           200 a. FURSametric to be provisions of sections (201001 and 500 102; Florida Salues, the above named limited partner/bit or operand or registered Agent/Office         10. If change was submitted by the payable to: Dept. of State (State State Stat	2. Mailing Address	2a. Principal Office Address			
Site & State       City & State       City & State       In Vid Applicable         Sp       Country       Zip       Country       RelayIdate         State       Zip       Country       RelayIdate       RelayIdate         State       Dit & State       RelayIdate       RelayIdate       RelayIdate         State       Dit & Country       RelayIdate       RelayIdate       RelayIdate         State       State       State       RelayIdate       RelayIdate       RelayIdate         City       Name       RelayIdate       RelayIda	Sulte, Apt. #, etc.	Suite, Apt. #, etc.		6. FEI Number	
Ip       Country       Zip       Country       Response       Fee hequired         9. Name and Address of Current Registered Agent       10. If changed, new Registered Agent/Office       Name         9. Name and Address of Current Registered Agent       10. If changed, new Registered Agent/Office         CT CORPORATION SYSTEM       Street Address (P.O. Box Number Is Not Acceptable)         1200 S. PINE ISLAND ROAD       Street Address (P.O. Box Number Is Not Acceptable)         PLANTATION FL 33324       Street Address (P.O. Box Number Is Not Acceptable)         OB.       Pursuant to the provisions of accions 600 100:1 and 600 130.2 Fords Statutes, the above camed trinking partnership organized or registered and or Forida, submits the active agent 1 am femiliar with, and accept the objection of social registered and the degrate of Forida, submits the active agent 1 am femiliar with, and accept the objection of social registered Agent Accept the appointment of registered Agent Accept the appointment of the gate of Forida, Statutes, the Atom Accept the objections of accion (SD 192, Forida Statutes, the Atom Accept the objections of accion (SD 192, Forida Statutes, the Atom Accept the objection of accion (SD 192, Forida Statutes, the Atom Accept the objection of accept the objectin accept the objectin accept the object the ac	City & State	City & State			
Section 2012 Section 2012 Interview of Current Registered Agent     10. If changed, new Registered Agent/Office     CT CORPORATION SYSTEM     1200 S. PINE ISLAND ROAD     PLANTATION FL 33324     Suite. Apl. 4. etc.	lip Country	Zip Co	ountry		Fee Required
1200 S. PINE ISLAND ROAD PLANTATION FL 33324       Steel Address (P.O. Box Number is Not Acceptable)         Suite: Apt: #. etc       -01/22/9801/23002         City       -01/22/9801/23002         City       ****541.30         Suite: Apt: #. etc       -01/22/9801/23002         City       ****541.30         Plantation of sectors 620 1051 and 620 192. Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits in state for the purpose of changing its registered and eccept the obligations of section 620 192. Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits in state for the purpose of changing its registered and eccept the obligations of section 620 192. Florida Statutes, the above-named limited partnership organized or registered partner(s).       Date         A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTIT MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.       Address of Ecci General Partner MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.         1.       Nerwe(s) of General Partner(s)       11a. (On NOT Use Post Olice Bes Numbers)       11b. City. State & Zip Code       11c. Document Number         H-L INCOME PROP-ORL, INC       4TH AVE. & MUHAMMAD A       LOUISVILLE KY       F92000000909         Votes       Ferderal partner (s) use had vote or different (number of votes) in the information suppled with this fing is votantary funitable and genen quartnet with state of Florid Statute. Irelease the D			Name	10. If changed, new Registere	ad Agent/Office
PLANTATION FL 33324       Suite. Apt. 4. etc.       SUITE A			Street Address (P.O. E	Box Number Is Not Acceptable)	
City			Suite, Apt. #, etc.	The second se	
In the purpose of changing lis registered adjoint of social is of registered agent, or bolly, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. (a manifer with, and accepting Appointment).       DATE         A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTIT       MUST BE REGISTERED AD ACTIVE WITH THIS OFFICE.         A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTIT       Registration/         MUST BE REGISTERED AD ACTIVE WITH THIS OFFICE.       Registration/         1.       Name(a) of General Partner(a)       11a.         Address of Each General Partner       11b.       City. State & Zip Code       11c.         Population       Montume       4TH AVE. & MUHAMMAD A       LOUISVILLE KY       F92000000909         Note:       General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner       Trainees the information supplied with this thing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Forda Statutes. Trelease the Division of Corporations from any liability of non-compliance with Section 118 of 07(3) (k) in the event that the information supplied is deemed exempt from public access. Further cettly that the information indicates are legal effects as if made under output that the information moniformed on the information monoing the support of the mate docurate and the time form the and light for the exemption stated in Section 119.07(3)(k). Forda Statutes. Freides the Division of Corporations from any light by of no-compliance with			City		41.350 *****541.2
A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.         1.       Nerre(s) of General Partner(s)       11a. Address of Each General Partner (bottor Use Post Office Box Numbers)       11b. City, State & Zip Code       11c. Registration/ Document Number         H-L INCOME PROP-ORL,INC       4TH AVE. & MUHAMMAD A       LOUISVILLE KY       F92000000909         Note:       General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner         2.       I do hereby certify that the information supplied with this fing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b). Florida Statutes. I release the Division of Corporations from any lability of non-compliance with Section 119.07(3)(k). Florida Statutes. I release the Division of Corporations from any lability of non-compliance with Section 119.07(3)(k) in the event that the information supplied with the information indicates the same information supplied is the section state of a corporate and thet my signary shall have the same information supplied is a deemed every that the information indicates of the information ind	for the purpose of changing its registered of/i agent. I am familiar with, and accept the oblig	ce or registered agent, or bolh, in the State of Florida lations of section 620.192, Florida Statutes.	mited partnership orga I. Such change was au	lhorized by its general partner(s). I her	eby accept the appointment of regis
1. Name(s) of General Partner(s)       11a. Address of Each General Partner (Do NOT Use Post Office Box Number)       11b. City, State & Zip Code       11c. Registration/ Document Number         H-L INCOME PROP-ORL,INC       4TH AVE. & MUHAMMAD A       LOUISVILLE KY       F92000000909         Note:       General partners MAY NOT be changed on thils form; an amendment must be filed to change a general partner       F92000000909         Note:       General partners MAY NOT be changed on thils form; an amendment must be filed to change a general partner       Louisty Lie a court of the partner         2. I do hereby certify that the information suppled with this fing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I release the Division of the section 119.07(3)(k) in the event that the information suppled with have the serie legisl effects as if made under certify that the a General Partner of the line partner series for an end figure with Section 119.07(3)(k) in the event that the information supplied by indica access. If uther certify that the information suppled with the information supplied by and the with section 119.07(3)(k) in the certify that the information suppled with the information supplied by indica access. If uther certify that the information suppled with the information supplied by and the with section 119.07(3)(k) in the event that the information supplied by an event by the section 119.07(3)(k) in the certify that the information supplied by the section 119.07(3)(k) in the certify that the information supplied by the section 119.07(3)(k) in the certify that the information supplied by the section 119.07(3)(k) in the certify that the information supplied by the sectin the certify that the information supplied b	A GENERAL PARTNER TH	AT IS A CORPORATION, LIN		NERSHIP OR OTHE	
<ul> <li>Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner</li> <li>2. Ido hereby certify that the information supplied with this thing 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 with this thing 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 are the same legal effects as if made under oath. If urther certify that I an a General Partner of the limited partnership, receiver or the third partnership. The other state is the and accurate and that tray signature shall have the same legal effects as if made under oath. If urther certify that I an a General Partner of the limited partnership. The other shall have the same legal effects as if made under oath. If urther certify that I an a General Partner of the limited partnership. The other shall have the same legal effects as if made under oath. If urther certify that I an a General Partner of the limited partnership. The other shall have the same legal effects as if made under oath. If urther certify that I an a General Partner of the limited partnership. The other shall have the same legal effects as if made under oath. If urther certify that I and General Partner of the limited partnership. The other shall have the same legal effects as if made under oath. If urther certify that I and General Partner of the limited partnership. The other same legal effects as if made under oath. If urther certify that I and General Partner of the limited partnership. The other same legal effects as if made under oath. If urther certify that I and General Partner of the limited partnership. The other sa</li></ul>		Address of Each General Pa	artner de L		
2. 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 indicate this annual report is true and accurate and that my signature shall have the same legal effects as if made under eath. I further certify that I am a General Partner of the limited partnership, receiver or true and ecurate and that my signature shall have the same legal effects as if made under eath.	H-L INCOME PROP-ORL.,INC	4TH AVE. & MUHAMMAD A	LOU	JISVILLE KY	F9200000909
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	<ol> <li>I do hereby certify that the information supplied of Corporations from any liability of non-compliance this annual report is true and accurate and that re</li> </ol>	with this filing is voluntarily furnished and does not qu with Section 119.07(3)(k) in the event that the inform ny signature shall have the same legal effects as if m	uality for the exemption	slated in Section 119.07(3)(k). Florida ned exempt from public access. I furth ar certify that I am a General Partner of	Statutes. I release the Division of