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

1. Name of Limited Partnership

1a. DOCUMENT # **A10606** SECRETARY OF STATE DIVISION OF CORPORATIONS
97 JAN 30 PM 12: 34



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Mailing Address 1411 EDGEWATER DRIVE, SUITE 101 ORLANDO FL 32804	Principal Office Address 4700 S. BARNA AVE.	•		3. Date Formed or Registered 06/04/1981 3a. Date of Last Report 01/02/1996 5b. Amount of Capital Contributions in FLORIDA to date:	
UNICAMBLO FL SZON	MOSYILLE FL				
2. Mailing Address	28. Principal Office Address	2a. Principal Office Address		505 600.00	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	· · ·		Applied For Not Applicable	
City & State	City & State		7. Certificate of Status Desired		\$8.75 Additional
Zip Country	Zip	Zip Country		Fee Required of of State (See reverse side for fee information)	
9. Name and Address of Cu	rrent Registered Agent		10, if changed, new Register	ed Agent/Office	
HEWITT, ROBERT W.		Name			
1141 EDGEWATER DRIVE		Street Address (F	P.O. Box Number Is Not Acceptable)		
ORLANDO FL 32803		Suite, Apt #, etc.			
		City		FL	Zip Code
10a. Pursuant to the provisions of sections 620 108 for the purpose of changing its registered off agent 1 am familiar with, and accept the oblig	ce or registered agent, or both, in the State of Flo				
SIGNATURE (Registered Agent Accepting Appointmen			DAT		
A GENERAL PARTNER TH	JST BE REGISTERED AN	ID ACTIVE	ARTNERSHIP OR OTH WITH THIS OFFICE.	ER BUSIN	IESS ENTITY
11, Name(s) of General Partner(s)	11a. (Do NOT Use Post Office E	ral Partner Box Numbers) 11	b. City, State & Zip Code	11c.	Registration/ Document Number
HEWITT, ROBERT W.	1355 SPRINGLAKE DRI	VE	ORLANDO FL		
HEWITT, JAMES L.	1130 BELLEAIRE CIRCL	E ORLANDO FL			
			000002 -02/1: ****	0845 1/97011 76.25	アローーア 193024 ****576.25
f					Mare 1

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). Fiorida 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.

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Typed or Printed Name of General Partner Signing Form

Robert W. Hewitt

___ Daytime Telephone Number

407-894-6731

CR2E003 (6/96)