

**FILE ON OR BEFORE APRIL 9, 1997 TO AVOID REVOCATION
AND \$500 PENALTY FEE**

**LIMITED PARTNERSHIP
ANNUAL REPORT
1997**



FLORIDA DEPARTMENT OF STATE
Sandra Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 MAR 19 AM 9:27



1. Name of Limited Partnership	1a. DOCUMENT # A10987
GCB ASSOCIATES, LTD.	

Mailing Address 5940-C S. SEMORAN BLVD ORLANDO FL 32822	Principal Office Address 5940-C S. SEMORAN BLVD ORLANDO FL 32822	3. Date Formed or Registered 08/13/1981	5a. Capital Contributions as Shown on record. \$9,959,250.00
2. Mailing Address	2a. Principal Office Address	3a. Date of Last Report 12/28/1995	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. State or Country of Formation FL	5b. Amount of Capital Contributions in FLORIDA to date: \$9,959,250.00
City & State	City & State	6. FEI Number 59-2161732	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip Country	Zip Country	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)			

9. Name and Address of Current Registered Agent POPE, NICHOLAS A. LOWNDES, DROSDICK, DOSTER, KANTOR & REED 215 N. EOLA DR. ORLANDO FL 32801	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City Zip Code FL
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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)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number
SPARKNIGHT US INC	215 N. EOLA DR	ORLANDO FL 32801	698570
SPARKNIGHT INC.	101 HOWARD ST., #450	SAN FRANCISCO CA	F94000000241

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

SPARKNIGHT U.S., INC., General Partner

DATE

3/14/97

By: **Chien Ee Liew, President**

Daytime Telephone Number **407-380-5183**

CR2E003 (1/1/96)

Handwritten signature and date
3-19