

FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE :

LIMITED PARTNERSHIP
ANNUAL REPORT
1998



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

FILED

98 FEB 12 PM 1:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Name of Limited Partnership

1a. DOCUMENT #
A10987

GCB ASSOCIATES, LTD.

Mailing Address

~~5760 S. Semoran Blvd.,
Orlando, FL 32822~~

Principal Office Address

~~5760 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

3a. Date of Last Report

03/19/97

5b. Amount of Capital Contributions in FLORIDA to date

\$ 9,959,250.00

4. State or Country of Formation

FLORIDA

2. Mailing Address

5760 S. Semoran Blvd.

2a. Principal Office Address

5760 S. Semoran Blvd.

Suite, Apt. #, etc

Suite, Apt. #, etc.

City & State
Orlando, FL

City & State
Orlando, FL

Zip Country
32822

Zip Country
32822

6. FEI Number

59-2161732

Applied For
 Not Applicable

7. Certificate of Status Desired

\$8.75 Additional
Fec Required

8. Make check payable to Dept. of State (See reverse side for fee information)

FF \$541.25

9. Name and Address of Current Registered Agent

Pope, Nicholas A.
Lowndes, Drosdick, Doster, Kantor & Reed, P.A.
215 North Eola Drive
Orlando, Florida 32801

10. If changed, now Registered Agent/Office

Name

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, 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)

SPARKNIGHT US INC.

SPARKNIGHT INC.

11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)

215 N. Eola Drive

101 Howard St. #450

11b. City, State & Zip Code

Orlando, FL 32801

San Francisco, CA

11c. Registration/ Document Number

698570

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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.

SPARKNIGHT U.S., INC., General Partner

SIGNATURE By:

Chien Ee Liew, President

DATE 12/30/97

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number 407/380-5183

CR2E003 (6/97)