LIMITED PARTNERSHIP ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

DOCUMENT # A13298

HERONWOOD INVESTORS, LTD.

94-AR/cus

FILED

97 DEC -3 Ph 2: 32

SECRETARY OF STATE TALLAHASSEE, FLORIDA

58. Capital Contributions as Shown on record. 3. Date Formed or Registered Mailing Address Principal Office Address 10/13/1982 400 E. SOUTH ST. 400 E. SOUTH ST. \$878,000.00 SUITE 500 SUITE 500 3a. Date of Lest Report ORLANDO FL 32801 ORLANDO FL 32801 **5b.** Amount of Capital Contributions in FLORICA to date: 01/21/1997 4. State or Country of Formation 2. Mailing Address 2a. Principal Office Address \$878,000.00 FL Suite, Apt. #, etc. Suite, Apt. #, etc. 6. FEI Number Applied For 435-446.058 59-2229293 🗖 Not Applicable City & State City & State 7. Certificate of Status Desired \$8.75 Additional Zip Country Z_{1D} Country 8. Make check payable to: Dept. of State (See reverse side for fee information) 9. Name and Address of Current Registered Agent 10. If changed, new Registered Agent/Office Ν **BOURNE, ROBERT A** Street Address (P.O. Box Number Is Not Acceptable) 400 E. SOUTH ST. **SUITE 500** Suite, Apt. #, etc ORLANDO FL 32801 10a. Pursuant to the provisions of soctions 620 1061 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)

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

Address of Each General Partner Registration/ City, State & Zip Code 11. 11a. (De NOT Use Post Office Box Numbers) Name(s) of General Partner(s) 11b. 11c. BOURNE, ROBERT A 400 E. SOUTH ST. #500 ORLANDO FL 200002366662--9 -12/09/97--01038--017 ****\$50.00 ****\$50.00

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 filling 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.

Robert A. Bourne

SIGNATURE ____

Typed or Printed Name of General Partner Signing Form.