

**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

FILED
96 DEC 19 PM 3:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



12/27

1. Name of Limited Partnership FORSYTH CENTER I, LTD.	1a. DOCUMENT # A15534
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Mailing Address P.O. BOX 947510 MAITLAND FL 32794-7510	Principal Office Address 505 MAITLAND AVE. ALTAMONTE SPRINGS FL 32701	3. Date Formed or Registered 10/20/1983	5a. Capital Contributions as Shown on record \$112,500.00
		3a. Date of Last Report 01/24/1996	5b. Amount of Capital Contributions in FLORIDA to date.
		4. State or Country of Formation FL	
2. Mailing Address Suite, Apt. #, etc. City & State Zip Country	2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country	6. FEI Number 59-2784236	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
		7. Certificate of Status Desired <input checked="" 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 BRUNO, ANTHONY J. 505 MAITLAND AVE. ALTAMONTE SPRINGS FL 32701	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code
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10a. Pursuant to the provisions of sections 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) _____ 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
BRUNO, ANTHONY J.	505 MAITLAND AVE.	ALTAMONTE SPRINGS FL	100002044081-8 -01/03/97-01028-014 ***\$85.00 ***\$85.00

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 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 *[Signature]* DATE **12-5-96**
Typed or Printed Name of General Partner Signing Form **ANTHONY J. BRUNO** Daytime Telephone Number **407/657-1622**

CR2E003 (6/96)