

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

FILED

97 APR -9 PM 12:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED PARTNERSHIP ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra Mortham Secretary of State DIVISION OF CORPORATIONS
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1. Name of Limited Partnership MAGNOLIA-ROBINSON, LTD.	1a. DOCUMENT # A16742 <i>97-AR CM</i>
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Mailing Address 105 EAST ROBINSON STREET SUITE 300 ORLANDO FL 32801	Principal Office Address 105 EAST ROBINSON STREET SUITE 300 ORLANDO FL 32801	3. Date Formed or Registered 04/02/1984	5a. Capital Contributions as Shown on record. \$120,000.00
2. Mailing Address P. O. Box 3628	2a. Principal Office Address 105 E. Robinson St.	3a. Date of Last Report 03/06/1996	5b. Amount of Capital Contributions in FLORIDA to date:
Suite, Apt. #, etc.	Suite, Apt. #, etc. Suite 201	4. State or Country of Formation FL	
City & State Orlando, FL 32802-3628	City & State Orlando, FL 32801	6. FEI Number 59-2446774	<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 ALLEN, THOMAS R 340 NORTH ORANGE AVENUE ORLANDO FL 32801	10. If changed, new Registered Agent/Office Name Allen, Thomas R. Street Address (P.O. Box Number Is Not Acceptable) 105 E. Robinson Street Suite, Apt. #, etc. Suite 201 City Orlando, FL Zip Code 32801
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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) MAGNOLIA-ROBINSON MANAGEMENT	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 340 N. ORANGE AVENUE 105 E. Robinson Suite 201 Orlando, FL 32801	11b. City, State & Zip Code ORLANDO FL 32801	11c. Registration/ Document Number P98000014247
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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 force and effect as if I were a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by Chapter 689, Florida Statutes.

SIGNATURE

DATE

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

0000484

CR2E003 (1/1/96)