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

LIMITED PARTNERSHIP **ANNUAL REPORT** 1997



WINTER PARK BUSINESS CENTER PHASE I, LTD.

FLORIDA DEPARTMENT OF STATE

Sandra Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

DOCUMENT # A16905

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199 WILSHIRE BLVD CASSELBERRY FL 32707 2. Malling Address 3. Dute, Apt. #, etc. 6. FEI Number 59-2377664 7. Contincte of Status Desired 7. Contincte of Status Desired 8. Make check payable to Dept. of State (See reverse side for the information) 9. Name and Address of Current Registered Agent MORLEY, PATRICK M. 198 WILSHIRE BLVD CASSELBERRY FL 32707 100. Pursuant to the provisions of sections 620 1051 and 620.192. Florids Statules, the above-named limited partnership organized or registered under the laws of the State of Poids, submits this statement for the purpose of changing its registered office or registered agent. or both, in the State of Florids Subtutes. A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.							
CASSELBERNT FL 32/07			•			1 **	\$800,000.00 5b. Amount of Capital Contributions in FLORIDA
2. Malling Address 28. Principal Office Address 5. Sulte, Apt. #, etc. 5. Sulte, Apt. #, etc. 5. Sulte, Apt. #, etc. 5. City & State 7. Zip Country 8. Make check begate to Bupt of State Desired 8. Make check people to Dupt of State (Country 8. Make check			CASSELBERRY FL 32707	CASSELBERRY FL 32707			
28. Principal Office Address 28. Principal Office Address FL Suite, Apt. #, etc. City & State City & State City & State Country Zip Country Zip Country Zip Country Zip Country To Country A Marine 10. It changed, new Registered Agent Office and 620, 192, Portise Statutes, the above-mand limited partnership organized or registered under the laws of the State of Portise State Item Entered to Produce the purpose of changing its registered agent, or both, in the State of Ficials Such change was surborized by its general partner(s). It benefits weak, and accept the obligations of sections 620, 192, Piorise Statutes. 10a. Pursuant to the provisions of sections 620, 1051 and 620, 192, Portise Statutes, the above-mand limited partnership organized or registered under the laws of the State of Ficials Such change was surborized by its general partner(s). It benefit accept the appointment of registered agent. It am familiar with, and accept the obligations of section 650, 192, Florida Statutes. A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. 11. Name(n) of General Partner(s) 11a. Address of Each General Partner MORLEY, PATRICK M. 2035 KING ARTHUR COUR AMAITLAND FL COMBINED CAPITAL REALTY SERV 2700 NCNB PLAZA CHARLOTTE NC FO44\$59							
City & State Country Country City & Country Country Presented Agent City & State (See reverse side for fee Information) 8. Make check payable to: Dept of State (See reverse side for fee Information) 8. Make check payable to: Dept of State (See reverse side for fee Information) MORLEY, PATRICK M. 10. If changed, new Registered Agent/Office MORLEY, PATRICK M. 10. If changed, new Registered Agent/Office Name Streat Address (P.O. Box Number is Not Acceptable) Streat Address (P.O. Box Number is Not Acceptable) State, Apt. 4. etc. Cay -13/2//37-11/10/80-00/124 ******5_41.****5_41.***5_5_1.****5_41.**5_5_1.****5_41.**5_5_1.***5_6_1.**5_1.****5_6_1.***5_1.****5_6_1.***5_1.****5_6_1.***5_1.**5_1.**	2. Malling Addres	SS	2a. Principal Office Address	2a. Principal Office Address			
Touristicate of Status Dosired \$8.76 Additional Fee Required \$8. Make check payable to 'Dapt. of State (See reverse side for fee Information')	Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			Applied For
Fee Required R. Make check payable to Dept. of State (See reverse side for fee information)	City & State		City & State	City & State		7 0	
MORLEY, PATRICK M. 198 WILSHIRE BLVD CASSELBERRY FL 32707 Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) City —03/27/37—1110% cot 024 *******541.25 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 agent, or both. In the State of Florida Submits of the State of Florida Submits in the State	Zip	Country	Zip	Zip Country		Fee Required	
MORLEY, PATRICK M. 198 WILSHIRE BLVD CASSELBERRY FL 32707 Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) City —03/27/37—1110% cot 024 *******541.25 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 agent, or both. In the State of Florida Submits of the State of Florida Submits in the State							
MORLEY, PATRICK M. 198 WILSHIRE BLVD CASSELBERRY FL 32707 Suite, Apt. #, etc. City —03/27/37—11/26/cone [24] *******541.** City —03/27/37—11/26/cone [24] *******541.** City —03/27/37—11/26/cone [24] *******541.** Total 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. 11. Name(a) of General Partner(s) 11a. (Do NOT Use Post Office Box Numbers) MORLEY, PATRICK M. 2035 KING ARTHUR COUR MAITLAND FL CHARLOTTE NC F044\$59	9. Name and Address of Current Registered Agent						
Casselberry FL 32707 Suite, Apt. 4, etc. City -13/27/99 -1111/98/96/etc 24 ******\$41 ***********************************							
City	17.			<u> </u>		.O. Box Number is Not Acceptable)	
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the purpose of changing its 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				City		-03/27/37-11[Mgoot]24 ****541 FL ****541 25	
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) MORLEY, PATRICK M. 2035 KING ARTHUR COUR COMBINED CAPITAL REALTY SERV 2700 NCNB PLAZA CHARLOTTE NC F044\$59	the purpose of amiliar s	of changing its registered office or reg with, and accept the obligations of se	istered agent, or both, In the State of Flor			zed by its general partner(s). I hereby a	
MORLEY, PATRICK M. 2035 KING ARTHUR COUR COMBINED CAPITAL REALTY SERV 2700 NCNB PLAZA CHARLOTTE NC F044\$59	A GENER	AL PARTNER THAT	IS A CORPORATION T BE REGISTERED A	, LIMITED	PART VE WI	NERSHIP OR OTHE	R BUSINESS ENTITY
MORLEY, PATRICK M. 2035 KING ARTHUR COUR MAITLAND FL COMBINED CAPITAL REALTY SERV 2700 NCNB PLAZA CHARLOTTE NC F044\$59	11. Name(s) of	General Partner(s)	11a. Address of Each Get (Do NOT Use Post Offic	neral Parlner e Box Numbers)	11b.	City, State & Zip Code	
	MORLEY, PATRICK M.					ITLAND FL	
	COMBINED CAPITAL REALTY SERV		2700 NCNB PLAZA	2700 NCNB PLAZA		IARLOTTE NC	F044 0 59
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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 it 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

1

Typed or Printed Name of General Partner Signing Form

PATRICK M. MORLEY

DATE 3-19-97
Daytime Telephone Number (407) 872-0209