

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

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED PARTNERSHIP
ANNUAL REPORT
1998



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

1. Name of Limited Partnership		1a. DOCUMENT # A16905	
WINTER PARK BUSINESS CENTER PHASE I, LTD.			
Mailing Address 188 WILSHIRE BOULEVARD CASSELBERRY FL 32707		Principal Office Address 188 WILSHIRE BOULEVARD CASSELBERRY FL 32707	
2. Mailing Address 154 WILSHIRE BLVD. Suite, Apt. #, etc.		2a. Principal Office Address 154 WILSHIRE BLVD. Suite, Apt. #, etc.	
City & State CASSELBERRY, FL		City & State CASSELBERRY, FL	
Zip 32707		Zip 32707	
3. Date Formed or Registered 04/26/1984		5a. Capital Contributions as Shown on record. \$800,000.00	
3a. Date of Last Report 03/24/1997		5b. Amount of Capital Contributions in FLORIDA to date:	
4. State or Country of Formation FL		6. FEI Number 59-2377664 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
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)	

[REDACTED]

JH 12/17

9. Name and Address of Current Registered Agent		10. If changed, new Registered Agent/Office	
MORLEY, PATRICK M 188 WILSHIRE BOULEVARD CASSELBERRY FL 32707		Name	
		Street Address (P.O. Box Number Is Not Acceptable) 154 WILSHIRE BLVD.	
		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)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/Document Number
MORLEY, PATRICK M.	342 OLULU DR	WINTER PARK FL	
COMBINED CAPITAL REALTY SERV	2700 NCNB PLAZA	CHARLOTTE NC	F044 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 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 DATE 12/11/97