

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

FILED

97 NOV 20 AM 9:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

LIMITED PARTNERSHIP ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Morham</b> Secretary of State DIVISION OF CORPORATIONS
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<b>1. Name of Limited Partnership</b>  QUAILS BLUFF INVESTORS, LTD.	<b>1a. DOCUMENT #</b> <b>A17533</b>  <i>98-AR/Lus</i>  <i>CM</i>
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<b>Mailing Address</b> 400 E. SOUTH ST. SUITE 500 ORLANDO FL 32801	<b>Principal Office Address</b> 400 E. SOUTH ST. SUITE 500 ORLANDO FL 32801
<b>2. Mailing Address</b>	<b>2a. Principal Office Address</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Zip
Country	Country

<b>3. Date Formed or Registered</b>	<b>5a. Capital Contributions as Shown on record</b>
07/27/1984	\$800,000.00
<b>3a. Date of Last Report</b>	<b>5b. Amount of Capital Contributions in FLORIDA to date</b>
01/21/1997	
<b>4. State or Country of Formation</b>	\$800,000.00
FL	
<b>6. FEI Number</b>	<input type="checkbox"/> Applied For
59-2406067	<input type="checkbox"/> Not Applicable
<b>7. Certificate of Status Desired</b>	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
<b>8. Make check payable to: Dept. of State (See reverse side for fee information)</b>	

<b>9. Name and Address of Current Registered Agent</b>	<b>10. If changed, new Registered Agent/Office</b>
BOURNE, ROBERT A 400 E. SOUTH ST. SUITE 500 ORLANDO FL 32801	Name
	Street Address (P.O. Box Number is Not Acceptable)
	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
SENEFF, JAMES M JR.	400 E. SOUTH ST., #500	ORLANDO FL	400002357254--4 -11/25/97--01091--003 ****550.00 ****550.00
BOURNE, ROBERT A	400 E. SOUTH ST., #500	ORLANDO FL	
BOYD, SCOTT T	400 E. SOUTH ST., #500	ORLANDO FL	

**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 11/4/97

Typed or Printed Name of General Partner Signing Form Robert A. Bourne Daytime Telephone Number (407) 422-1574

Z-935617039 11/18/97

CP2E003 (6/97)