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

LIMITED PARTNERSHIP ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

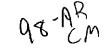
Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

1a. DOCUMENT # **A20477**

LAKE LOTTA, LTD.



FILED

97 OCT 24 AM II: 37.

SECRETARY OF STATE TALLAHASSEE, FLORIDA



DATE 10/20/97

Daytime Telephone Number

(407) 788-6555

Malling Address	Principal Office Address		3. Date Formed or Registered	58. Capital Contributions as Shown on record.	
860 STATE ROAD 434 NORTH SUITE 7 ALTAMONTE SPRINGS FL 32714	860 STATE ROAD 434 NORTH SUITE 7 ALTAMONTE SPRINGS FL 32714		08/01/1985 3a. Dele of Last Report 12/02/1996	\$8,000,000.00 5b. Amount of Capital Contributions in FLORIDA	
2. Malling Address	2a. Principal Office Address		4. State or Country of Formation	to date: \$8,000,000.00	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		6. FEI Number	Applied For	
City & State	City & State		59-2503560 7. Certificate of Status Desired	Not Applicable \$8.75 Additional Fee Required	
Zip Country	Zip Country		8. Make check payable to: Dept. of	Fee Required State (See reverse side for fee information)	
9. Name and Address of Current Registered Agent			10. If changed, new Registered Agent/Office		
GOODMAN, LAUREN B. Street Address (P.O. Box Number Is Not Acceptable) 860 State Road 434 North Suita Apr. # etc 7 ALTAMONTE SPRINGS, PL PL 32714 City Altamonte Springs FL Zip Code 32714 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 diffice 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 register 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 ENTIT					
MUST	BE REGISTERED AND	O ACTIVE W	TH THIS OFFICE.	Pagistration/	
11. Name(s) of General Partner(s)	11a. (Do NOT Use Post Office Box	Numbers) 11b.	City, State & Zip Code	11c. Document Number	
LOTTA GP, INC.	860 STATE ROAD 434 NO	AL	TAMONTE SPRINGS FL TOOO2: -10/28 ****54	\$32112 33 1 7 - 4 79701089021 41.25 ****\$41.25	
Nôte: General partners MAY NOT b	e changed on this form	; an amendm	ent must be filed to cha	ange a general partner.	

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 eath, I further certify that I am a General Partner of the limited partnership, receiver or trustee

William J. Goodman

empowered to execute this report aftequired by chapter 620, Florida Statutes

SIGNATURE .

Typed or Printed Name of General Partner Signing Form

R2E003 (6/97)