


**FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

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| LIMITED PARTNERSHIP ANNUAL REPORT 1997 | |  FLORIDA DEPARTMENT OF STATE Sandra Mortham Secretary of State DIVISION OF CORPORATIONS | FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 96 OCT 15 AM 10:23 |
| 1. Name of Limited Partnership C.I.C./ORLANDO, LTD. | | 1a. DOCUMENT # A21197 | |
| Mailing Address 621 NW 53 ST. SUITE 145 BOCA RATON FL 33487 | | Principal Office Address 621 NW 53 ST. SUITE 145 BOCA RATON FL 33487 | |
| 2. Mailing Address Suite, Apt #, etc. City & State Zip Country | | 2a. Principal Office Address Suite, Apt #, etc. City & State Zip Country | |
| 3. Date Formed or Registered 11/08/1985 | | 5a. Capital Contributions as Shown on record \$900,000.00 | |
| 3a. Date of Last Report 01/03/1996 | | 5b. Amount of Capital Contributions in FLORIDA to date | |
| 4. State or Country of Formation FL | | 6. F.I. Number 59-2620102 | |
| 7. Certificate of Status Desired | | <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable | |
| 8. Make check payable to: Dept. of State (See reverse side for fee information) | | <input type="checkbox"/> \$8.75 Additional Fee Required | |


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|--|--|
| 9. Name and Address of Current Registered Agent COHN, JERALD N ONE PARK PLACE 621 N.W. 53 ST. SUITE 145 BOCA RATON FL 33487 | 10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt #, etc. City FL Zip Code |
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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.**

| | | | |
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| 11. Name(s) of General Partner(s) C.I.C. ORLANDO, INC. | 11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 621 NW 53 ST., STE. 1 | 11b. City, State & Zip Code BOCA RATON FL 33487 | 11c. Registration/Document Number P96000049930 200001985822--2 -10/25/96--01040--005 *****576.25 *****576.25  |
|--|---|---|--|

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 _____

Typed or Printed Name of General Partner Signing Form _____

JERALD N COHN, PRES

Daytime Telephone Number _____

10/11/96
561-2418417

CR2E003 (6/96)