

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

mta 11/12

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 NOV 12 AM 10:48

1. Name of Limited Partnership

1a. DOCUMENT #  
A22647

DREXEL ORLANDO LAND LIMITED PARTNERSHIP



Mailing Address

~~230 PARK AVENUE, SUITE 2400~~  
NEW YORK NY ~~10169~~

Principal Office Address

~~230 PARK AVENUE, SUITE 2400~~  
NEW YORK NY ~~10169~~

3. Date Formed or Registered

05/30/1986

5a. Capital Contributions as  
Shown on record.

\$6,360,000.00

3a. Date of Last Report

11/02/1995

5b. Amount of Capital  
Contributions in FLORIDA  
to date:

4. State or Country of Formation

FL

2. Mailing Address

850 Third Avenue

2a. Principal Office Address

850 Third Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
New York, N.Y.

City & State  
New York, N.Y.

Zip  
10022

Country

Zip  
10022

Country

6. FEI Number

59-2680912

☐ Applied For  
☐ Not Applicable

7. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

8. Make check payable to: Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent

SOBERING, GRAY & WHITE, P.A.  
201 SOUTH ORANGE AVE., SUITE 760  
ORLANDO FL 32801

10. If changed, new Registered Agent/Office

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

DBL PROPERTIES CORPORATION

~~230 PARK AVENUE, SUITE~~  
850 Third Avenue  
NINETEENTH FLOOR

NEW YORK NY ~~10169~~  
10022

P10622

100002009931--2  
-11/20/96--01085--003  
\*\*\*\*578.25 \*\*\*\*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

William D Clements

DATE

11-7-96

Typed or Printed Name of General Partner Signing Form

William D. CLEMENTS

Daytime Telephone Number

212-822-2246

CR2E003 (6/96)