

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

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 DEC 30 PM 3:53

1. Name of Limited Partnership		1a. DOCUMENT # A23215
VICTORIA POINT ASSOCIATES, LTD.		
Mailing Address 1412 WEST COLONIAL DRIVE ORLANDO FL 32804	Principal Office Address 1412 WEST COLONIAL DRIVE ORLANDO FL 32804	
2. Mailing Address	2a. Principal Office Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	
Zip Country	Zip Country	



CP1/6

3. Date Formed or Registered 09/11/1986	5a. Capital Contributions as Shown on record. \$1,150,000.00
3a. Date of Last Report 12/15/1995	5b. Amount of Capital Contributions in FLORIDA to date.
4. State or Country of Formation FL	
6. FEI Number 06-1203209	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
7. Certificate of Status Desired	<input checked="" type="checkbox"/> \$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 LECESSE DEVELOPMENT CORPORATION 1412 WEST COLONIAL DRIVE ORLANDO FL 32802	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.**

11. Name(s) of General Partner(s) LECESSE DEVELOPMENT CORPORAT	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 1412 WEST COLONIAL DR	11b. City, State & Zip Code ORLANDO FL	11c. Registration/ Document Number H64405
400002051784--9 -01/09/97--01010--003 ****585.00 ****585.00			

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 [Signature] DATE 12-13-96

CR2E003 (6/96)