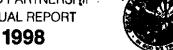
FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

DOCUMENT#

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MARBLE ARCADE INVESTORS, LTD. Mailing Address Principal Office Address					
Mailing Address	Principal Office Address		3. Date Formed or Registered	58. Capital Contributions as Shown on record.	
400 E. SOUTH ST. SUITE 500 ORLANDO FL 32801	400 E. SOUTH ST. SUITE 500 ORLANDO FL 32801	SUITE 500		\$100.00 5b. Amount of Capital Contributions in FLORIDA	
2. Mailing Address	2a. Principal Office Address	28. Principal Office Address		\$778,871.00	
Suite, Apt. #, etc. City & State	Suite, Apt. #, etc. City & State			Applied For Not Applicable	
Zip Country	7700	Carrate	7. Certificate of Status Desired	\$8.75 Additional Fee Required	
Zip Country	Zip	Country	8. Make check payable to: Dept. of	State (See reverse side for fee Informa	
9. Name and Address o	f Current Registered Agent		10. If changed, new Registere	od Agent/Office	
BOURNE, ROBERT A 400 E SOUTH ST #500 ORLANDO FL 32801		Name Street Address (P.O. Box Number Is Not Acceptable) Suite. Apt. #, etc.			
		City		FL Zip Code	
for the purpose of changing its registered agent. I am familiar with, and accept the of SIGNATURE (Registered Agent Accepting Appoint A GENERAL PARTNER T	1051 and 620.192. Florida Statutes, the above-named office or registered agent, or both, in the State of Floriobligations of section 620.192. Florida Statutes. THAT IS A CORPORATION, L. MUST BE REGISTERED AND	ida Such change was	DATE	eby accept the appointment of register	
11. Name(s) of General Partner(s)	11a. Address of Each General (Do NOT Use Post Office Box	Partner 11b.	, City, State & Zip Code	11c. Registration/ Document Number	
SENEFF, JAMES M JR.	400 E. SOUTH ST. #500		RLANDO FL		
BOURNE, ROBERT A	400 E. SOUTH ST. #500	0	rlando fl		
			500002: -01/21: ***230	4073954 /9801114001 00.00 *****550.00	
				WMIRA /.	

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12.	I do hereby certily that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Fiorida 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 (urther 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 truster
	empowered to execute this report as required by chapter 620, Floridge Statutes.

SIGNATURE ____

Typed or Printed Name of General Partner Signing Form

Robert A. Bourne

Daytime Telephone Number (407) 422-1574