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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED PARTNERSHIP ANNUAL REPORT **1997**

FLORIDA DEPARTMENT OF STATE
Sandra Mortham
Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

1a. DOCUMENT # **A25562**

OLD DOMINION LIMITED PARTNERSHIP I

97-AR
cm

Mailing Address	Principal Office Address
4040 FAIRFAX DRIVE SUITE 100 ARLINGTON VA 22203	4040 FAIRFAX DRIVE SUITE 100 ARLINGTON VA 22203

3. Date Formed or Registered: 12/07/1987

3a. Date of Last Report: 10/02/1995

4. State or Country of Formation: VA

5a. Capital Contributions as Shown on record: **$1,700,000.00**

5b. Amount of Capital Contributions in FLORIDA to date: 595,375.14

2. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

2a. Principal Office Address
Suite, Apt. #, etc.
City & State
Zip Country

6. FEI Number: 54-1434942 ☐ 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

HADDAD, SAID
~~1177 KANE CONCOURSE~~
~~SUITE 107~~
~~BAY HARBOR ISLANDS FL 33154~~

10. If changed, new Registered Agent/Office

Name: HADDAD, SAID
Street Address (P.O. Box Number Is Not Acceptable): 2124 N.E. 123RD STREET, #208
Suite, Apt. #, etc.: SAN SOUCI PLAZA
City: N. MIAMI FL Zip Code: 33181-2939

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
HADDAD, SAID	1177 KANE CONCOURSE,#	BAY HARBOUR ISL FL	
MCMULLIN, JAMES H.	4040 FAIRFAX DR., #10	ARLINGTON VA	

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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 James H McMullin DATE Sept. 25, 1996

Typed or Printed Name of General Partner Signing Form: JAMES H. McMULLIN Daytime Telephone Number: (703) 524-4500