


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

FILED

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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 PDI ORLANDO III LIMITED PARTNERSHIP		1a. DOCUMENT # A25691	
Mailing Address C/O PIZZUTI DEVELOPMENT, INC. 250 EAST BROAD STREET, SUITE 1900 COLUMBUS OH 43215		Principal Office Address C/O PIZZUTI DEVELOPMENT, INC. 250 EAST BROAD STREET, SUITE 1900 COLUMBUS OH 43215	
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 12/29/1987		5a. Capital Contributions as Shown on record. \$1,178,215.00	
3a. Date of Last Report 12/29/1995		5b. Amount of Capital Contributions in FLORIDA to date:	
4. State or Country of Formation OH		6. FEI Number 31-1225747	
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)		\$8.75 Additional Fee Required	



9. Name and Address of Current Registered Agent SIMBACK, KENNETH P 255 S. ORANGE AVENUE, SUITE 1350 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) PIZZUTI DEVELOPMENT INC.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 250 EAST BROAD STREET	11b. City, State & Zip Code COLUMBUS OH	11c. Registration/Document Number 800002054518 -01/10/97--01094--022 ****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

DATE

Typed or Printed Name of General Partner Signing Form

JAMES P. CAMER FOR PIZZUTI DEVELOPMENT INC
TREASURER GEN. PARTNER

Daytime Telephone Number

614-365-4008

CR2E003 (6/96)