FILE ON OR BEFORE DECEMBER 31, 1995 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND $500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT

1997

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

A25853

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 DEC 10 PM 2:28
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-12/12/96--01100--006
***2728.50 ***2728.50

DO NOT WRITE IN THIS SPACE

1. Name of Limited Partnership

ORLANDO WEST PARTNERS, LTD.

1a. DOCUMENT # A25853

4/14/95

Mailing Address
250 Crown Oak Centre Drive
Longwood, FL 32750

Principal Office Address
Same

If above addresses are incorrect in any way, line through the incorrect information and enter correct address in Block 2 and/or 2a.

2. New Mailing Address, If Applicable

Suite, Apt. #, etc.

000002027920--4
-12/12/96--01100--007

City, State & Zip ******9.00 ******9.00

2a. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City, State & Zip

3. Date Formed or Registered to Do Business in FLORIDA	3a. Date of Last Report	4. State or Country of Formation
01/25/1988	1994	Florida

5a. Capital Contributions as Shown on Record.	5b. Amount of Capital Contributions in FLORIDA to date.	6. FEI Number	Applied For	Not Applicable	7. CERTIFICATE OF STATUS REQUIRED
$950,000.00		59-2886285	X		X

8. FEES: 1.) Filing Fee: Computed at a rate of $7 per $1,000 on amount entered in 5b or 5a if 5b blank, with a minimum filing fee of $52.50 and a maximum of $437.50
2.) Supplemental Fee: $138.75 (pursuant to section 607.193, F.S.)
THE AMOUNT DUE SHALL BE NO LESS THAN $191.25 ($52.50 + $138.75) AND NO MORE THAN $576.25 ($437.50 + $138.75)
Note: If the amount entered in 5b is greater than amount entered in 5a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.
MAKE CHECK PAYABLE TO FLORIDA DEPT. OF STATE.

9. Name and Address of Current Registered Agent

Mark T. Blake
921 Douglas Avenue
Altamonte Springs, FL 32714

10. If changed, new Registered Agent/Office

Name: David W. Phillips
Street Address (P.O. Box Number is Not Acceptable): 250 Crown Oak Centre
Suite, Apt. #, etc.
City: Longwood FL Zip Code: 32750

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): David W. Phillips DATE 12/6/96

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
Givens, Charles J.	242 N. Westmonte Dr	Altamonte Springs, FL 32714	

PBWAUTY 1,000.00
AR 1312.50
SUPP 416.25
CVI 8.75
3,737.50

1995-1996

REINSTATEMENT

AR CVS

+ 1997 AR

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 12/9/96

Typed or Printed Name of General Partner Signing Form: CHARLES J GIVENS JR Telephone Number: 407-832-7754