



**FILE ON OR BEFORE APRIL 8, 1998 TO AVOID
REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 98 APR -6 PM 3:44 
1. Name of Limited Partnership PRN ASSOCIATES, LTD.		1a. DOCUMENT # <div style="border: 1px solid black; padding: 5px; font-size: 1.2em;">A26120</div>	
Mailing Address 7829 GREENBRIAR PARKWAY ORLANDO FL 32819	Principal Office Address 7829 GREENBRIAR PARKWAY ORLANDO FL 32819	3. Date Formed or Registered 03/01/1988 3a. Date of Last Report 12/17/1996	5a. Capital Contributions as Shown on record. <div style="border: 1px solid black; padding: 5px; font-size: 1.2em;">\$100.00</div> 5b. Amount of Capital Contributions in FLORIDA to date:
2. Mailing Address 6355 Metrowest Blvd Suite, Apt. #, etc. Suite 330 City & State Orlando FL Zip 32835	2a. Principal Office Address 6355 Metrowest Blvd Suite, Apt. #, etc. Suite 330 City & State Orlando FL Zip 32835	4. State or Country of Formation FL 6. FEI Number 59-2941471 <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable 7. Certificate of Status Desired <input 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 ROSSMAN, NANCY A. 7829 GREENBRIAR PARKWAY ORLANDO FL 32819	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) 6355 Metrowest Blvd Suite, Apt. #, etc. Suite 330 City Orlando State FL Zip Code 32835
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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) STAR RESORT, INC.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 7829 GREENBRIAR PKWY 6355 Metrowest Blvd Suite 330	11b. City, State & Zip Code ORLANDO FL 32835	11c. Registration/Document Number L15802 200002487972--6 -04/14/98--01052--003 ****141.25 ****141.25 <div style="font-size: 2em; font-family: cursive;">4-7</div>
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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 _____

DATE _____

Typed or Printed Name of General Partner Signing Form _____

NANCY A. ROSSMAN, PRESIDENT OF STAR

Daytime Telephone Number _____

(407) 323-2323

CR2E003 (12/97)