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

LIMITED PARTNERSHIP **ANNUAL REPORT** 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

DOCUMENT# A28666

CONDEV ORLANDO U.S. HIGHWAY 27, LTD.

OS-UN

FILED 97 DEC -1 PM 2:59 SECRETARY OF STATE JALLAHASSEE, FLORIDA



Malling Address	Principal Office Address		3, Date Formed or Registered	5a. Capital Contributions as Shown on record.	
P.O. BOX 1748	ER PARK FL 32790-1748 WINTER PARK FL 32790-1748		07/21/1989	- \$5,522,100.00	
WINTER PARK FL 32790-1748			3a. Date of Last Fleport		
			10/14/1996	5b. Amount of Capital Contributions in FLORIDA	
2. Malling Address			4. State or Country of Formation	to date:	
ma maining receives	au Timopai Ones Addiess		FL	\$2,043,140.00	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		6. FEI Number	Applied For	
City & State	City & State		59-2947644	Not Applicable	
Zip Country	7ip Country		7. Certificate of Status Desired	\$8.75 Additional Feo Required	
2.p	Z-p Coomy		8. Make check payable to: Dept. of \$	State (See reverse side for fee Information)	
Name and Address of Current Registered Agent 10. If changed, now Registered Agent/Office					
9. Name and Address of Current Registered Agent		Name			
GARDNER, ROBERT N		Street Address (P.O. Box Number 18:Nar App Spation)			
2487 ALOMA AVENUE WINTER PARK FL 32792		20ths Apr # dis			
WINTER FARE PL 32/82		※※※※54】。この ※※※※54】。この			
City		City	FL Zip Code		
SIGNATURE (Registered Agent Accepting Appointment). 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 Goneral (Do NOT Use Post Office Bo	Davis en	City, State & Zip Code	11c. Registration/ Document Number	
		, mainsoloy		Boosiners None	
CONDEV ASSOCIATES	2487 ALOMA AVENUE		iter park fl	G92358900030	
·.					
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 filling 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 apport as required by chapter 620, Florida Statutes. SIGNATURE DATE DA					
Typed or Printed Name of General Parlner Signing Form Ross N GARDNER Daytime Telephone Number 407 - 679 1748					