


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

LIMITED PARTNERSHIP ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra Mortham Secretary of State DIVISION OF CORPORATIONS		FILED 96 OCT 23 PM 12:49 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
1. Name of Limited Partnership ORLANDO THUNDERBIRD ASSOCIATES, LTD.		1a. DOCUMENT # A28767			
Mailing Address C/O THUNDERBIRD MOTEL 18401 COLLINS AVENUE NORTH MIAMI BEACH FL 33160		Principal Office Address C/O THUNDERBIRD MOTEL 18401 COLLINS AVENUE NORTH MIAMI BEACH FL 33160		3. Date Formed or Registered 08/17/1989	
2. Mailing Address 19115 Collins Ave		2a. Principal Office Address 19115 Collins Ave		3a. Date of Last Report 10/17/1995	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. State or Country of Formation FL	
City & State North Miami Beach		City & State North Miami Beach		5a. Capital Contributions as Shown on record \$2,500,000.00	
Zip Country 33160 FL U.S.A.		Zip Country 33160 FL U.S.A.		5b. Amount of Capital Contributions in FLORIDA to date	
6. FEI Number 65-0137797				<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
7. Certificate of Status Desired				<input checked="" 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 FARKAS, VICTOR C/O THUNDERBIRD MOTEL 18401 COLLINS AVENUE NORTH MIAMI BEACH, FL FL 33160	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) 19115 Collins Ave Suite, Apt. #, etc. City North Miami Beach FL Zip Code 33160
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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) LINSKO HOLDINGS, N.V. TB MANAGEMENT INC.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) SCHOTTEGATWEG OOST 13 %18401 COLLINS AVE.	11b. City, State & Zip Code CURACAO, NETH. ANTIL N. MIAMI BEACH, FL	11c. Registration/Document Number G92365900151 L05696
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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 effect 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 _____
 Typed or Printed Name of General Partner Signing Form **VICTOR FARKAS**

DATE **10-18-96**
 Daytime Telephone Number **305-931-8800**