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
SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 DEC 20 PM 4:20

1. Name of Limited Partnership: WTP-ORLANDO ASSOCIATES, LTD.

1a. DOCUMENT #: A28964

Mailing Address: 1055 LENOX PARK BLVD. SUITE 420 ATLANTA GA 30319

Principal Office Address: 7233 LAKE ELLENOR DR. ORLANDO FL 32809

3. Date Formed or Registered: 09/26/1989

3a. 12/04/1995

4. State or Country of Formation: GA

5a. Capital Contributions as Shown on record: $110,309.00

5b. Amount of Capital Contributions in FLORIDA to date:

2. Mailing Address

2a. Principal Office Address

Suite, Apt. #, etc. | Suite, Apt. #, etc.

City & State | City & State

Zip Country | Zip Country

6. 59-2947788 ☐ Applied For ☐ Not Applicable

7. Certificate of Status Desired ☐ $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
~~THE PRENTICE HALL CORPORATION SYSTEM, INC.~~
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

10. New Registered Agent
800009209458--3
-12/27/96--01066--011
****576.25 ****576.25

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)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/Document Number
WORLD TRAVEL PARTNERS, LTD.	1055 LENOX PARK BLVD.	ATLANTA GA	A28963
FDC, INC.	7233 LAKE ELLENOR DR.	ORLANDO FL	L00646

AP 12-26

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 12/17/96

Typed or Printed Name of General Partner Signing Form: Jim Sargent

Daytime Telephone Number: 404-841-6600

CR2E003 (6/96)