

**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	
2. Mailing Address Suite, Apt. #, etc. City & State Zip Country		2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country		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 ☐ Applied For ☐ Not Applicable	
				6. 59-2947788 ☐ \$8.75 Additional Fee Required	
				7. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
				8. Make check payable to: Dept. of State (See reverse side for fee information)	

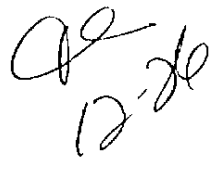
9. Name and Address of Current Registered Agent THE PRENTICE HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301		10. 8000002038458--3 -12/27/96--01066--011 ****576.25 ****576.25	
		Name 	
		Street Address (P.O. Box Number Is Not Acceptable) 	
		Suite, Apt. #, etc. 	
		City 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) WORLD TRAVEL PARTNERS, LTD. FDC, INC.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 1055 LENOX PARK BLVD. 7233 LAKE ELLENOR DR.	11b. City, State & Zip Code ATLANTA GA ORLANDO FL	11c. Registration/Document Number A28963 L00846 
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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 _____

12/17/96

404-841-10600

CR2E003 (6/96)