

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
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**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

97 DEC 15 AM 10:11

1. Name of Limited Partnership WTP-ORLANDO ASSOCIATES, LTD.	1a. DOCUMENT # A28964
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Mailing Address 1055 LENOX PARK BLVD. SUITE 420 ATLANTA GA 30310	Principal Office Address 7233 LAKE ELLENOR DR. ORLANDO FL 32809	3. Date Formed or Registered 09/26/1989	5a. Capital Contributions as Shown on record \$110,309.00
		3a. Date of Last Report 12/20/1996	5b. Amount of Capital Contributions in FL ORIDA to date:
2. Mailing Address	2a. Principal Office Address	4. State or Country of Formation GA	6. FEI Number 59-2947788
Suite, Apt. #, etc.	Suite, Apt. #, etc.	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
City & State	City & State	7. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
Zip	Country	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. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City
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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) 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 L00646
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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

Timothy Severt

DATE

12/10/97

Typed or Printed Name of General Partner Signing Form

TIMOTHY SEVERT

Daytime Telephone Number

404-841-6600

CR2E003 (6/97)