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

LIMITED PARTNERSHIP ANNUAL REPORT 1997



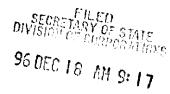
FLORIDA DEPARTMENT OF STATE

Sandra Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Name of a imited Partnership

**DOCUMENT#** A29862





CECILE RESORT, LTD.			$c_{O}$ + $^{2}$ $7$ $^{2}$	
Maing Address 4786 WEST IRLO BRONSON MEM. HIGHWAY	Principal Office Address 4786 WEST IRLO BRONSON MEM. HIGHWAY KISSIMMEE FL 34727  28. Principal Office Address		3, Dafe Formed or Registered 03/27/1990	5a. Capital Contributions as Shown on record. \$2,000-00
KISSIMMEE FL 34727			3a. Dale of Last Report 01/03/1996	5b. Amount of Capital Contributions in FLORIDA
2. Mailing Address			4. State or Country of Formation	to date:
Suite, Apt. #, etc.	Suite, Apt. #, etc.		6. FEI Number 59-3017870	Applied For Not Applicable
City & State	City & State		7. Certificate of Status Desired	\$8.75 Additional
Zip Country	Zip	Country		Fee Required of State (Seo roverse side for fee information)
9, Name and Address of Current Registered Agent		10. If changed, new Registered Agent/Office		
4786 W. IRLO BRONDON MEMORIAL HI KISSIMMEE FL 34748  10a. Pursuant to the provisions of sections 620 1051 a for the purpose of changing its registered office of agent. Lam laminar with, and accept the obligate  SIGNATURE (Registered Agent Accepting Appointment).  A GENERAL PARTNER THAT MUS	rid 620, 192, Florida Statutes, the above-nism ir registered agent, or both, in the State of Flo as of section 620, 192, Florida Statules.	Suite, Apt. #,  City K control  and limited partner  rida Such change  LIMITED	etc.  SSIMMEC  riship organized or registered under the laws of go was authorized by its general partner(s). The DAT PARTNERSHIP OR OTH	ereby accept the appointment of registered
11. Name(s) of General Partner(s)	Address of Each Gener (Do NOT Use Post Office E	al Partner Box Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number
EURAMERICA INVESTMENT CONSUL ,	4786 W IRLO BRONSO	N M	KISSIMMEE FL (E) E I I I I I I I I I I I I I I I I I I	<b>M68575</b> 9. <b>3</b>  -1 -4  <b>1</b>  -3 -4 1 -4 -4 -4 1 -4 -4 1 -4 -4 1 -4 1
Note: General partners MAY NC  12. I do horeby cert fy that the information supplied with Corporations from any hability of non-compliance withis annual report is true and accurate and that my	i this filing is voluntarily furnished and does not inspection 119.07(3)(k) in the event that the i	ot qualify for the information suppl	exemption stated in Section 119.07(3)(k), Flori ied is deemed exempt from public access. I fu	da Statutes   I release the Division of rther certify that the information indicated or

empowered to execute this raping as required by chapter 620, Florica Statutes.

SIGNATURE.

Typed or Frinted Name of General Partner Signing Form John Scott Nadd

Dayline Telephone Number (401) 396-2056