


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 1:42
1. Name of Limited Partnership RUBY LAKE LIMITED PARTNERSHIP		1a. DOCUMENT # A30133		
Mailing Address 3100 CLAY AVENUE, SUITE 275 ORLANDO FL 32804		Principal Office Address 3100 CLAY AVENUE, SUITE 275 ORLANDO FL 32804		3. Date Formed or Registered 05/29/1990
2. Mailing Address		2a. Principal Office Address		3a. Date of Last Report 12/20/1995
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. State or Country of Formation FL
City & State		City & State		5a. Capital Contributions as Shown on record. \$1,500,000.00
Zip Country		Zip Country		5b. Amount of Capital Contributions in FLORIDA to date:
				6. FEI Number 59-3041651 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
				7. Certificate of Status Desired <input 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 ROSENTHAL, PAUL E. C/O FOLEY & LARDNER, VAN DEN BERG, ET AL 111 NORTH ORANGE AVENUE, SUITE 1800 ORLANDO FL 32801	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code
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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) KANA DEVELOPMENT, INC.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 3100 CLAY AVE., #275	11b. City, State & Zip Code ORLANDO FL	11c. Registration/Document Number G74630
700002041907--6 -12/31/96--01044--006 ****576.25 ****576.25			

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 Stuart Kramer DATE 12/18/96
Typed or Printed Name of General Partner Signing Form Stuart Kramer, Vice President Daytime Telephone Number (407)896-9059

CR2E003 (6/96)