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 Limited Partnership

a. DOCUMENT # **A30196**

FILED SECRETARY OF STATE DIVISION OF CORPORATION:

97 JAN -3 PM 1:21



MARKHAM WOODS REALTY, LTD.				go 1/13				
Mailing Address 1766 ALAQUA DRIVE	Principal Office Address 1766 ALAQUA DRIVE LONGWOOD FL 32779			3. Date Formed or Registered 06/14/1990 3a. Date of Last Report 10/09/1995		5a. Capital Contributions as Shown on record. \$100.00 5b. Amount of Capital Contributions in FLORIDA		
LONGWOOD FL 32778								
2. Mailing Address	2a. Principal Office Address			4. State or Country of Formation			to date:	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.				Applied For Not Applicable		
City & State	City & State	City & State			7. Certificate of Status Desired \$8.75 Additional			
Zip Country	7ip Country			Fee Required 8. Make check payable to: Dept. of State (See reverse side for fee information)				
9. Name and Address of Cu	rrent Registered Agent			10. If changed, no	w Registered A	gent/Office		
A.G.C. CO. 200 SOUTH ORANGE AVENUE, SUITE 2300 ORLANDO FL 32801		Name Street Address (P.O. Box Number Is Not Acceptable)						
		Suite, Apt. #, etc. City 7ip Code						
10a. Pursuant to the provisions of sections 620.105 for the purpose of changing its registered offic agent. I am familiar with, and accept the oblig	coor registered agent, or both, in the State of F							
SIGNATURE (Registered Agent Accepting Appointmen A GENERAL PARTNER THA		LIMITED	PARTI	NERSHIP OR	OTHER	BUSI	NESS ENTITY	
11. Name(s) of Goneral Partner(s)	11a. (Do NOT Use Post Office		11b.	City, State & Zip Co		11c.	Registration/ Document Number	
MARKHAM WOODS REALTY,INC	1766 Alaqua Dr.		LONGWOOD FL ろっつつ		รุ่วาาๆ	L77893		
				aboč	0020 01/15/9 ****191	5 5 5 7-01 .25	5454 018-019 ****191.25	
•								
Note: General partners MAY N	IOT be changed on this for				·			

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 local effects as if made index oath. I further certify that I am a General Partner of the I-mited partnership, receiver or trusted empowered to execute this report as required by charter 620, Florida Matutes.

SIGNATURE

Typed or Printed Name of General Partner Signing Form Mike DeGreeke

DATE 1212396

Daytime Telephono Number (407) 444-0155