

**FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

FILED

97 OCT 16 PM 2:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

LIMITED PARTNERSHIP ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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<b>1.</b> Name of Limited Partnership  NSTAR 3, LTD.	<b>1a.</b> DOCUMENT # <b>A31190</b>  98-AR CM
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<b>2.</b> Mailing Address  Suite, Apt. #, etc. City & State Zip Country	<b>2a.</b> Principal Office Address  Suite, Apt. #, etc. City & State Zip Country	<b>3.</b> Date Formed or Registered 02/13/1991 <b>3a.</b> Date of Last Report 11/04/1996 <b>4.</b> State or Country of Formation FL <b>6.</b> FEI Number 59-3046654 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable <b>7.</b> Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required <b>8.</b> Make check payable to: Dept. of State (See reverse side for fee information)
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<b>5a.</b> Capital Contributions as Shown on record.  \$275,520.00	<b>5b.</b> Amount of Capital Contributions in FLORIDA to date
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**9. Name and Address of Current Registered Agent**

SCHIEFERDECKER, HOWARD A  
501 EAST JACKSON STREET  
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

**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)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/Document Number
AEGIS INVESTMENTS, INC.	2200 LUCIEN WAY, SUIT	MAITLAND FL 32751	L28441
SDP INVESTMENTS, INC.	501 E. JACKSON STREET	ORLANDO FL 32801	L28451

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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.

NSTAR 3, LTD. BY: SDP INVESTMENTS, INC., MANAGING GENERAL PARTNER

SIGNATURE \_\_\_\_\_ DATE 10/5/97  
 HOWARD A. SCHIEFERDECKER, PRESIDENT

CR2E003 (6/97)