


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

LIMITED PARTNERSHIP ANNUAL REPORT 1998		 <p>FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS</p>		<p>FILED SECRETARY OF STATE DIVISION OF CORPORATIONS</p> <p>97 NOV -7 PM 1:58</p>	
1. Name of Limited Partnership CAMBRIDGE HOMES, LTD.		1a. DOCUMENT # A31294			
Mailing Address 881 DOUGLAS AVE. ALTAMONTE SPRINGS FL 32714		Principal Office Address 881 DOUGLAS AVE. ALTAMONTE SPRINGS FL 32714		3. Date Formed or Registered 03/14/1991	
2. Mailing Address 242 N. WESTMONTE DR Suite, Apt. #, etc.		2a. Principal Office Address 242 N. WESTMONTE DR Suite, Apt. #, etc.		5a. Capital Contributions as Shown on record. \$1,520,200.00	
City & State ALTAMONTE SPRINGS, FL Zip Country 32714 SEMINOLE		City & State ALTAMONTE SPRINGS, FL Zip Country 32714 SEMINOLE		3a. Date of Last Report 09/18/1996	
4. State or Country of Formation FL		5b. Amount of Capital Contributions in FLORIDA to date: 1,515,150.00		6. FEI Number 59-3054804	
7. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		8. Make check payable to: Dept. of State (See reverse side for fee information)		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
9. Name and Address of Current Registered Agent OROSZ, W S JR. 881 DOUGLAS AVE. ALTAMONTE SPRINGS FL 32714			10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) 242 N. WESTMONTE DR Suite, Apt. #, etc. City ALTAMONTE SPRINGS FL Zip Code 32714		
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) <i>W.S. Orosz, Jr.</i> DATE 11-03-97					
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) CAMBRIDGE HOMES, INC.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 881 DOUGLAS AVE 242 N. WESTMONTE DR	11b. City, State & Zip Code ALTAMONTE SPRINGS FL	11c. Registration/Document Number S31762		
600002344466--8 -11/12/97--01052--002 *****550.00 *****550.00 <i>dec (cws)</i>					
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 <i>W.S. Orosz, Jr.</i> DATE 11-03-97 Typed or Printed Name of General Partner Signing Form W. S. OROSZ, JR. Daytime Telephone Number 407-865-9600					

CR2E003 (6/97)