

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

FILED
 97 OCT 23 AM 11:39
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



LIMITED PARTNERSHIP
 ANNUAL REPORT
 1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

1. Name of Limited Partnership
1a. DOCUMENT #
A31531

OLD FLORIDA PLANTATION, LTD. *98-AB CM*



Mailing Address 7414 SPARKLING LAKE ROAD ORLANDO FL 32819	Principal Office Address 7414 SPARKLING LAKE ROAD ORLANDO FL 32819
2. Mailing Address Suite, Apt. #, etc. City & State Zip Country	2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country

3. Date Formed or Registered 05/10/1991	5a. Capital Contributions as Shown on record. \$1,816,992.00
3a. Date of Last Report 12/31/1996	
4. State or Country of Formation FL	5b. Amount of Capital Contributions in FLORIDA to date.
6. FEI Number 59-3088093	<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

ROEDER, LOUIS III
 7414 SPARKLING LAKE ROAD
 ORLANDO FL 32819

10. If changed, new Registered Agent/Office

Name _____
 Street Address (P.O. Box Number Is Not Acceptable) _____
 Suite, Apt. #, etc. _____
 City _____ State **FL** Zip Code _____

10a. Pursuant to the provisions of sections 620 105.1 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
LUC LAKE HANCOCK LIMITED PAR ROEDER, LOUIS III	BOX 460, 300 GREENBRI 7414 SPARKLING LAKE R	SUMMERSVILLE WV 26651 ORLANDO FL 32819	B95000000177

100002331911 - - 3
 -10/28/97--01089--015
 *****541.25 *****541.25

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 *[Signature]* DATE *9.3.97*

Typed or Printed Name of General Partner Signing Form _____ Daytime Telephone Number _____

CP2E003 (6/97)