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

LIMITED PARTNERSHIP **ANNUAL REPORT** 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

DOCUMENT # **A33517** 

97 DEC -9 AH 8: 42



AIRPORT PLAZA PARTNERS, LTD.				4 109/01/ 1900 11/90 41/91 0/101 11/91 9/91/ 9/101/ 9/101/ 9/91/ 9/91/ 9/91/ 9/91/ 9/91/ 9/91/ 9/91/ 9/91/ 9/91/		
Mailing Address  5401 KIRKMAN ROAD. SUITE 725  ORLANDO FL 32819		ORLANDO FL 32819	5401 KIRKMAN ROAD, SUITE 725		por Registered  2 Report  6 5b. Amount of Capital Contributions as Shown on record.  5b. Amount of Capital Contributions in Ft ORIDA to date:	
2. Malling Address		28. Principal Office Address		FL 6. FEI Numbor		
Sulte, Apt. #, et	<u> </u>	Suite, Apt. #, etc.	Suite, Apt. #, etc.  City & State		Applied For Not Applicable	
				7. Cortificate of Status Desired	\$8.75 Additional	
<b>Z</b> ip	Country	Zip	Country	8. Make check payable to: Dept. o	8. Make check payable to: Dept. of State (See reverse side for fee Information	
	9. Name and Address of C	urrent Registered Agent	10. If changed, new Registered Agent/Office			
for the pu agent. I a SIGNATURE (Regi	to the provisions of sections 620.10 urpose of changing its registered off am familiar with, and accept the obli- listered Agent Accepting Appointme ERAL PARTNER TH	uce or registered agent, or both, in the State of gations of section 620.192, Florida Statutes.	Florida. Such cha	norship organized or registered under the laws of nge was authorized by its general partner(s). I he  DATE  PARTNERSHIP OR OTHE	reby accept the appointment of registered	
<b>11.</b> Name(	s) of Gonoral Partnor(s)	11a. Address of Each Gor (Do NOT Use Post Office	neral Partner	11b. City, State & Zip Code	11c. Registration/ Document Number	
Intram investments, Inc.		5401 KIRKMAN ROAD,	5401 KIRKMAN ROAD, SU		V19919 2370083 J 278701008024 541.25 ****541.25	
r'	novol novinovo MAVA	IOT he changed on this fo	rmi on co	endment must be filed to ch	ango o general portner	

I do hereby certify that the information supplied with this filling 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 ovent 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 logal offects as if made under eath. 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

Typed or Printed Name of General Partner Signing Form

DATE 13-4-97

Daytime Telephone Number (407) 354-2200