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FILE ON OR BEFORE DECEMBER 31, 199 TO REVOCATION AND	97 OR PARTNERSHIP WI D <u>\$500 PENALTY</u> FEE	ILL BE SUBJ			
LIMITED PARTNERSHIP ANNUAL REPORT 1998	FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		DIVISION OF CORPOR	DIVISION OF CORPORATIONS 98 FEB 13 AM 10: 00	
1. Name of Limited Partnership	1a. DOCUMENT # A33521				
HEATHERWOOD KISSIMMEE, LT	D.		100 2 /17		
Mailing Address	Principal Office Address		3. Date Formed or Registered	Capital Contributions as Shown on record.	
PO BOX 369 BONITA SPRINGS FL 34133-0369	3575 BONITA BEACH RD BONITA SPRINGS FL 34134		10/02/1992 3a. Date of Last Report 01/02/1997	\$99,00 \$350,000.00 350,000.00	
2. Mailing Address	28. Principal Office Address		4. State or Country of Formation	 Amount of Capital Contributions in FLORIDA to date: 	
7826 Cooper Road	7826 Cooper Road		FL		
Suite, Apt. #, etc. *	Suite, Apt. #, etc.		6. FEI Number 59-3124614	Applied For	
City & State Cincinnati, Ohio	Cincinnati, Ohio		7. Certificate of Status Desired	Not Applicable \$8.75 Additional	
Zip Country 45242 USA	Zip 45242	Country IISA	8. Make check payable to: Dept. of Sta	Fee Required te (See reverse side for fee information)	
		_USA			
9. Name and Address of Current Registered Agent Name			10. If changed, new Registered Agent/Office		
3575 BONITA BEACH RD.		Suite, Apt. #, etc			
		City	6th Floor FL Zip Code 733131		
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, o 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 2 10 98					
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 Genera (Do NOT Use Post Office Bo	Partner x Numbers)	1b. City, State & Zip Code	11c. Registration/ Document Number	
-OL PROPERTIES, INC.	-8575-BONITA-BEACH RD:-		BONITA-SPRINGS-FL 841	- 502360	
Baron Capital XLV, Inc.	7826 Cooper Ro	oad C	Cincinnati,OH:45242	P97000028614	
•			3000024 -02/19/ ****54	1356336 9801095002 1.25 ****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 significant 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 requirer thy chapter 626. Florida Statutes.					

SIGNATURE DATE 12-16-97 513 984 5001 Gregory K. McGrath Typed or Printed Name of General Partner Signing Form