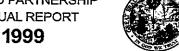
FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

SIGNATURE

W. Charles'

Typed or Printed Name of General Partner Signing Form

DOCUMENT #

98 NOV 30 PM 2: 16

98

DATE

Inc.,

	A9200000	A9200000083		- 10	
SOUTHERN CONNECTOR, LTD.			11. 11. 11. 11. 11. 11. 11. 11. 11. 11.		
Mailing Address	Principal Office Address		3. Date Formed or Registered	5a. Capital Contributions as	
P.O. BOX 3000 ORLANDO FL 32802			11/20/1992 3a. Date of Last Report	Shown on record. - \$495,000.00	
			02/12/1998 4. State or Country of Formation	5b. Amount of Capital Contributions in FLORIDA to date:	
2. Mailing Address	2a. Principal Office Address	2a. Principal Office Address		\$495,000.00	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		Applied For Not Applicable	
City & State	City & State	City & State			
Zip Country	Zip	Country	7. Certificate of Status Desired	\$8.75 Additional Fee Required State (See reverse side for fee Information)	
			O, Imana crieca payable to. Dept. of	agie (2ee level2e side tot lee information	
9. Name and Address of Current Registered Agent			10. If changed, new Registered Agent/Office		
SHUFFIELD, W C 315 EAST ROBINSON STREET, SUITE 600		Name Street Address (P.O. Box Number Is Not Acceptable)			
ORLANDO FL 32801		Suite, Apt. #	f, etc.		
		City		FL Zip Code	
	office or registered agent, or both, in the State of Foligations of section 620.192, Florida Statutes.	med limited partne lorida. Such chang	rship organized or registered under the laws of the e was authorized by its general partner(s). I hereby	State of Florida, submits this statement accept the appointment of registered	
A GENERAL PARTNER T		, LIMITED ND ACTIV	PARTNERSHIP OR OTHE	R BUSINESS ENTITY	
11. Name(s) of General Partner(s)	11a. Address of Each Gen (Do NOT Use Post Office	eral Partner	11b. City, State & Zip Code	11c. Registration/	
SR-15, INC.	315 E. ROBINSON STF	REE	ORLANDO FL 32801	P9200006425	
			4000027 -12/07/s ****52	053848 801166014 6.25 ****526.25	
Note: General partners MAY	NOT be changed on this for	rm; an ame	endment must be filed to cha	inge a general partner.	
12. I do hereby certify that the information supplie	d with this filing is voluntarily furnished and does r	not qualify for the e	xemption stated in Section 119.07(3)(k), Florida St	atutes. I release the Division of	

Corporations from any liability of non-compliance with Section 110-07(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

Vice President of SR-15, general partner Daytime Telephi