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

LIMITED PARTNERSHIP ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

The Property

18. DOCUMENT # A93000000132 TRI-STAR PARTNERSHIP, A LIMITED PARTNERSHIP Maling Address Principal Office Address Principal Office Address Principal Office Address Sign LES ROAD, 4400 WINTER PARK R1 52789 Suite, Apt. 4, etc. City & State Discovered Courses (Agent Course) R1	1998	1998 Secretary of State DIVISION OF CORPORATIONS					98 JAN - 2 PH 1:59			
Maling Address Maling Address See LEE ROAD, #430 WINTER PARK FL \$2789 WINTER PARK FL \$2789 Zee LEE ROAD, #430 Zee LEE ROAD, #430 Suite, Apl. #, etc. City & State Zee Dountry Zip Country Zip Zip Zip Zip Zip Zip Zip Zi	1. Name of Limited Partnership					SECALIARY OF STATE TALLARASSEE. FLORIDA				
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2. Mailing Address 3. Suite, Apt. e, etc. 5. Suite, Apt. e, etc. 5. Suite, Apt. e, etc. 6. FER Number 7. Conflicted of Status Desired 7. Conflicted of Status Desired 8. Make check payable to: Dept. of State (See reverse add for fee Information) 9. Name and Address of Current Registered Agent 10. It charged, new Registered Agent/Office LUNDOUIST, SANDRA L 2899 LEE ROAD, #430 WINTER PARK FL 32789 108. Pursuant to the provisions of sections 620 1051 and 620 192. Points Statutes, the above named timbed pointernity organized or registered under the laws of the State of Indias Such change was authorized by its general partner(s). It hereby accept the spopintment of registere agent I amentalise with, and except the obligations of sections 620 102. Florids Statutes. SIGNATURE (Registered Agent Accepting Agentage) 11. Nemo(s) of General Partner(s) 12. Nemo(s) of General Partner(s) 13. Nemo(s) of General Partner(s) 14. State of Country 15. Partner 16. FEINTNER 17. Conditions of Status Desired 18. Nature of St						\$4	00,221.58			
2. Mailing Address 2. Principal Office Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State To Country Count						5b. Amou	nt of Capital butions in FLORIDA			
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9, Name and Address of Current Registered Agent LUNDQUIST, SANDRA L 2899 LEE ROAD, \$430 WINTER PARK FL 32789 To the purpose of changing its registered diffee or registered agent, or both, in the State of Fiorida Statutes, the above-named limited partnership organized or registered under the laws of the State of Fiorida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fiorida Statutes, the above-named limited partnership organized or registered under the laws of the State of Fiorida, submits this statement for the purpose of changing its registered agent accept the obligations of section 620-192. Fiorida Statutes, the above-named limited partnership organized or registered under the laws of the State of Fiorida, submits this statement for the purpose of changing its registered agent accept the appointment of registere agent 1 am familiar with, and accept the obligations of section 620-192. Fiorida Statutes. 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. (Do NOT Use Post Office Box Numbers) LUNDOUIST, SANDRA L 2899 LEE ROAD, \$430 WINTER PARK FL 32789 TO OT S 37 - S01/21/88 - 01123001	Zip Country	Zip	Country				Fee Required			
Name Street Address (PO. Box Number is Not Acceptable)			_		8. Make check payable to: Dept. o	of State (See reve	rse side for fee Information			
Street Address (P.O. Box Number is Not Acceptable)	9. Name and Address of	Current Registered Agent			10. If changed, new Register	red Agent/Office	1,			
Suite, Apt. #, etc.	LUNDQUIST, SANDRA L			Idean (D.O. D	au Mumbar la Mat Accontable)					
City FL Zip Code FL Tity FL Zip Code FL Zip Co	•			<u> </u>	ox Number is not Acceptable)					
10a, Pursuant to the provisions of sections 620.1051 and 620.102, 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 epipintment of registere 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 (b) North Use Post Office Box Numbers) LUNDQUIST, SANDRA L 2699 LEE ROAD, #430 WINTER PARK FL 32789 TODO 2407537-537-501/21/38-01123-001 **********************************	WINTER PARK FL 32789	,	ı. #, eic			Zin Codo				
tor 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 registere agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes. INDITION DATE A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. In Name(s) of General Partner(s) I			City			FL	ZIP CODE			
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	LUNDQUIST, SANDRA L			WIN						
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12 to hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exernption stated in Section 119.07(3)(k), Florida Statutes. Frelease the Division of	Corporations from any liability of non-complia	ance with Section 119.07(3)(k) in the e			ned exempt from public access. I fur					

this annual report is true and accurate and that my signature shall have the sam empowered to execute this report as required by chapter 620, Florida Statutes.