

**FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra Morham Secretary of State DIVISION OF CORPORATIONS
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 DEC 19 PM 12:21

1. Name of Limited Partnership	1a. DOCUMENT # A93000000174
MOUNT DORA LIMITED PARTNERSHIP	



Mailing Address P.O. BOX 950686 LAKE MARY FL 32795-0686	Principal Office Address P.O. BOX 950686 LAKE MARY FL 32795-0686
2. Mailing Address	2a. Principal Office Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

3. Date Formed or Registered 02/16/1993	5a. Capital Contributions as Shown on record \$49,000.00
3a. Date of Last Report 01/16/1996	5b. Amount of Capital Contributions in FLORIDA to date
4. State or Country of Formation FL	
6. FEI Number 52-1809443	<input type="checkbox"/> Applied For <input checked="" 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 CANTOR, JERALD C 3230 STIRLING ROAD HOLLYWOOD FL 33021
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10. If changed, new Registered Agent/Office
Name
Street Address (P.O. Box Number is Not Acceptable) 500002042865--8
Suite, Apt. #, etc. -12731796--01070--001
City ****481.75 ****481.75
FL Zip Code

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, 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.

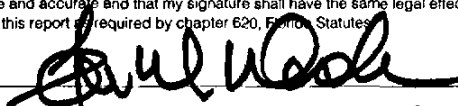
SIGNATURE (Registered Agent Accepting Appointment) _____ DATE _____

**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
ALLEN ENTERPRISES, INC.	112 EAST 25TH STREET	BALTIMORE MD 21218	F93000000807
ASHLEY L.P.A. CORPORATION	P.O. BOX 950686 N/A	LAKE MARY FL 32795	S94495

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  DATE **12/17/96**
 Typed or Printed Name of General Partner Signing Form **James W. Wade Pres Ashley** Daytime Telephone Number **(407) 333-8830**

CR2E003 (6/96)