

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 DEC 16 AM 10:20

12/17

1. Name of Limited Partnership

1a. DOCUMENT #
A93000000174

MOUNT DORA LIMITED PARTNERSHIP



Mailing Address P.O. BOX 950666 LAKE MARY FL 32785-0666		Principal Office Address P.O. BOX 950666 LAKE MARY FL 32785-0666		3. Date Formed or Registered 02/16/1993	5a. Capital Contributions as Shown on record. \$49,000.00
2. Mailing Address Suite, Apt. #, etc.		2a. Principal Office Address Suite, Apt. #, etc.		3a. Date of Last Report 12/19/1996	
City & State		City & State		4. State or Country of Formation FL	5b. Amount of Capital Contributions in FLORIDA to date.
Zip	Country	Zip	Country	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		10. If changed, now Registered Agent/Office			
		Name			
		Street Address (P.O. Box Number Is Not Acceptable)			
		Suite, Apt. #, etc.			
		City		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 950666 N/A	LAKE MARY FL 32795	S94495

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****446.75 ****446.75

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I go 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

James W Wade

DATE

12/12/97
(407) 333-8830

Typed or Printed Name of General Partner Signing Form

James W Wade

Daytime Telephone Number

CR2E003 (6/97)