

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

FILED

97 DEC 10 PM 2:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED PARTNERSHIP ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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1. Name of Limited Partnership ORLANDO OUTLET WORLD, LTD.	1a. DOCUMENT # A93000000395
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JH 12/11

2. Mailing Address % LOTHAR ESTEIN 5211 INTERNATIONAL DR ORLANDO FL 32819	2a. Principal Office Address % LOTHAR ESTEIN 5211 INTERNATIONAL DR ORLANDO FL 32819	3. Date Formed or Registered 04/19/1993 3a. Date of Last Report 12/05/1996 4. State or Country of Formation FL 6. FEI Number 74-2651869 <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable 7. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required 8. Make check payable to: Dept. of State (See reverse side for fee information)
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5a. Capital Contributions as Shown on record \$32,000,000.00	5b. Amount of Capital Contributions in FLORIDA to date:
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9. Name and Address of Current Registered Agent VEGOSEN, DEAN 500 S. AUSTRALIAN AVENUE, 10TH FLOOR WEST PALM BEACH FL 33401

10. If changed, new Registered Agent/Office Name _____ Street Address (P.O. Box Number Is Not Acceptable) _____ Suite, Apt. #, etc. _____ City _____ State FL Zip Code _____
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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) WELP ORLANDO OUTLET, L.C.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 500 S. AUSTRALIAN AVE	11b. City, State & Zip Code WEST PALM BEACH FL 33	11c. Registration/Document Number L92000000033
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 *****550.00 *****550.00

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 12-1-97
 Typed or Printed Name of General Partner Signing Form Lothar Estein Daytime Telephone Number 407 354-3307

CR2E003 (6/97)