

**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 Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

97 JAN 27 PM 1:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



1. Name of Limited Partnership	1a. DOCUMENT # A93000000522
ORLANDO LAKEFRONT PROPERTIES, LTD.	

Mailing Address 604 COURTLAND STREET STE. 138 ORLANDO FL 32804-1318	Principal Office Address 604 COURTLAND STREET STE. 138 ORLANDO FL 32804-1318	3. Date Formed or Registered 05/17/1993	5a. Capital Contributions as Shown on record. \$4,764,375.00
		3a. Date of Last Report 01/29/1996	
		4. State or Country of Formation FL	5b. Amount of Capital Contributions in FLORIDA to date: \$ 793,485.00
2. Mailing Address	2a. Principal Office Address	6. FEI Number 59-3182676	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	7. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
City & State	City & State	8. Make check payable to: Dept. of State (See reverse side for fee information)	
Zip	Country		

9. Name and Address of Current Registered Agent RAX CO. 50 N. LAURA ST. 3400 BARNETT CENTER JACKSONVILLE FL 32202	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City 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)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/Document Number
LAKEFRONT INVESTMENT CO.	604 COURTLAND STREET,	ORLANDO FL	P83000035251
		900002077609--3	
		-02/04/87--01179--017	
		****541.25 ****541.25	

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 *[Signature]* **V. VAGHARIA** DATE **DECEMBER 24 1996**

Typed or Printed Name of General Partner Signing Form **VICE PRESIDENT OF LAKEFRONT INVESTMENT CO.** Telephone Number _____

CR2E003 (6/96)