LIMITED PARTNERSHIP **ANNUAL REPORT** 1997



FLORIDA DEPARTMENT OF STATE

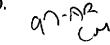
Sandra Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

A9300000522

ORLANDO LAKEFRONT PROPERTIES, LTD.



FILED 97 JAN 27 PH 1: 47

SECRETARY OF STATE TALLAHASSEE, FLORIDA



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 3a. Date of Last Report 01/29/1996 4. State or Country of Formation	5a. Capital Contributions as Shown on record. \$4,764,375.00 5b. Amount of Capital Contributions in FLORIDA to date: \$ 193, #85.00		
2. Mailing Address	2a. Principal Office Address	2a. Principal Office Address				
Suite, Apt. #, etc.	Suite, Apt. #, etc.			Applied For Not Applicable		
City & State	City & State	City & State		<u> </u>	\$8.75 Additional	
Zip Country	Zıp	Zip Country		Fee Required of State (See reverse side for fee information)		
9. Name and Address of Current Registered Agent			10. If changed, new Registered Agent/Office			
RAX CO.		Name				
50 N. LAURA ST. 3400 BARNETT CENTER		Street Address (P.O. Box Number is Not Acceptable)				
JACKSONVILLE FL 32202	Suite, Apt. #, etc.					
	City			FL Zip Code		
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 B	11a. (Do NOT Use Post Office Box Numbers)		11c.	Registration/ Document Number	
LAKEFRONT INVESTMENT CO.	604 COURTLAND STRE	604 COURTLAND STREET,		900020776093 -02/04/8701179017 ****541.25		
Note Seneral partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.						
12. I do A solve 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 DA						
Typed or Printed Name of General Partner Signing Form ICE IKCS IDENT OF LAKERONT INVESTIGAT SERVE Telephone Number						