

FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		SECRETARY OF STATE DIVISION OF CORPORATIONS 99 JAN -8 AM 9:22	
1. Name of Limited Partnership Orlando Lakefront Properties, Ltd.		1a. DOCUMENT # A93000000522			
Mailing Address 955 S.R. 434 North Suite 506 Altamonte Springs, FL 32714		Principal Office Address 955 S.R. 434 North Suite 506 Altamonte Springs, FL 32714		3. Date Formed or Registered 5/17/1993	
				5a. Capital Contributions as Shown on record. \$4,764,375.00	
				3a. Date of Last Report 1/29/1996	
				5b. Amount of Capital Contributions in FLORIDA to date: \$ 67,166 -	
2. Mailing Address 50 North Laura Street Suite, Apt. #, etc. Suite 2750 City & State Jacksonville FL Zip 32202 Country USA		2a. Principal Office Address 50 North Laura Street Suite, Apt. #, etc. Suite 2750 City & State Jacksonville FL Zip 32202 Country USA		4. State or Country of Formation Florida	
				6. FEI Number 59-3182676	
				☐ Applied For ☐ Not Applicable	
				7. Certificate of Status Desired ☐ \$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 MOTOLAW, Inc. 1301 Riverplace Blvd. Suite 1301 Jacksonville, FL 32207		10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) 50 North Laura Street Suite, Apt. #, etc. Suite 2750 City Jacksonville FL Zip Code 32202	
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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) Lakefront Investment Company	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 955 S.R. 434 North Suite 506	11b. City, State & Zip Code Altamonte Springs, FL 32714	11c. Registration Document Number P93000035251
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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

V. VAGHADIA - VICE PRESIDENT

DATE

2/12/98

Typed or Printed Name of General Partner Signing Form

OF LAKEFRONT INVESTMENT CO.

Domestic Telephone Number