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

LIMITED PARTNERSHIP ANNUAL REPORT 1998

SAPPHIRE I LIMITED PARTNERSHIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

DOCUMENT # **A93000001140** 

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

97 OCT 29 PM 4: 24



Malling Address 7805 SARANAC COURT ORLANDO FL 32835	Principal Office Address 7805 SARANAC COURT ORLANDO FL 32835		3. Date Formed or Registered 11/01/1993 38. Date of Last Report	5a. Capital Contributions as Shown on record.
2. Malling Address	28. Principal Office Address		09/23/1996 4. State or Country of Formation	5b. Amount of Capital Contributions in FLORIDA to date:
E Haming Address	Za. Principal Office Address		FL	\$1,410,000.00
Suite, Apt. #, etc.	Suite, Apt. #, etc.		6. FEI Number 59-3205479	Applied For
City & State	City & State	City & State		Not Applicable
Zip Country	Ζιp	Country	7. Certificate of Status Desired	\$8.75 Additional Fee Required  State (See reverse side for fee Information
	<del>   </del>		V, IVIANE CINOCK PAYADIS IO. DEPT. OF	State (399 1949) 59 side to lee illiothation
9. Name and Address of Current Registered Agent		10. If changed, new Registered Agent/Office		
MCDADE, EDWARD D JR 7805 SARANAC COURT ORLANDO FL 32835		Name		
10a, Pursuant to the provisions of sections 620.1	051 and 620 192, Florida Statutes, the above-na	City med limited partnership	organized or registered under the laws of t	FL Zip Code
for the purpose of changing its registered of agent. I am familiar with, and accept the obling SIGNATURE (Registered Agent Accepting Appointment A GENERAL PARTNER THE	ffice or registered agent, or both, in the State of ligations of socion 620.192, Florida Statules.  ent)	mod limited partnership Florida. Such change wa	s authorized by its general partner(s). I her  DATE  RTNERSHIP OR OTHE	FL he State of Florida, submits this statement eby accept the appointment of registered
agent. I am familiar with, and accept the obling SIGNATURE (Registered Agent Accepting Appointment A GENERAL PARTNER TH	ffice or registered agent, or both, in the State of I ligations of soction 620.192, Florida Statules.  HAT IS A CORPORATION, IUST BE REGISTERED A	mod limited partnership Florida. Such change wa LIMITED PA ND ACTIVE V	DATE RTNERSHIP OR OTHE WITH THIS OFFICE.	he State of Florida, submits this statement eby accept the appointment of registered  R BUSINESS ENTITY
for the purpose of changing its registered of agent. I am familiar with, and accept the obling SIGNATURE (Registered Agent Accepting Appointment of A GENERAL PARTNER THE M	ffice or registered agent, or both, in the State of I ligations of soction 620, 192, Florida Statules. ent) HAT IS A CORPORATION, IUST BE REGISTERED A	mod limited partnership Florida. Such change wa  LIMITED PA ND ACTIVE V  oral Partner Box Numbers)	DATE RTNERSHIP OR OTHE WITH THIS OFFICE.	FL he State of Florida, submits this statement eby accept the appointment of registered
for the purpose of changing its registered of agent. I am familiar with, and accept the obl  SIGNATURE (Registered Agent Accepting Appointme  A GENERAL PARTNER TH  M  11. Name(s) of General Partner(s)	ffice or registered agent, or both, in the State of I igations of soction 620.192, Florida Statutes.  HAT IS A CORPORATION, IUST BE REGISTERED A  Address of Each Gon (Do NOT Use Post Office	mod limited partnership Florida. Such change wa  LIMITED PA ND ACTIVE V  oral Partner Box Numbers)	DATE RTNERSHIP OR OTHE WITH THIS OFFICE. b. City, State & Zip Code	he State of Florida, submits this statement eby accept the appointment of registered R BUSINESS ENTITY

12. He 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 Carporations 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 thill minutal 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 truste empowered to execute this report as required by chapter 620, Florida Statutes.

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$\sim$			

Printed Name of General Partner Signing Form Elau

Edward D. Mc

McDades JR

\_\_ Daytime Telephone Number \_\_

mbor 407-293-1060