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

· LIMITED PARTNERSHIP **ANNUAL REPORT** 1998

AFFORDABLE/OAK RIDGE, LTD.



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

A93000001260

97 DEC 31 PM 3: 09



Mailing Address 1837 E. VINE ST., SUITE E KISSIMMEE FL 34744	Principal Office Address 1637 E. VINE ST., SUITE E KISSIMMEE FL 34744		3. Date Formed or Registered 11/29/1993 3a. Date of Last Report 12/24/1996 4. State or Country of Formation	5a. Capital Contributions as Shown on record. \$5,380,365.00 5b. Amount of Capital Contributions in FLORIDA to date:	
2. Mailing Address	28. Principal Office Address	WALLEST TO SECTION	FL FL	5,419,928.00	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		6. FEI Number 59-3212886	Applied For Not Applicable	
City & State	City & State		7. Cert/licate of Status Desired	\$8.75 Additional	
Zip Country	Zip	Country	Fee Required 8. Make check payable to: Dept. of State (See reverse side for fee Information)		
	O. Make check payable to Dept. of State (See reverse side for the Informatic				
9. Name and Address of Current Registered Agent		T	10. If changed, new Registered Agent/Office		
DIXON, KENNETH G 1637 EAST VINE STREET, SUITE E KISSIMMEE FL 34744		Name Street Address (P.O. Box Number Is Not Acceptable)			
					Suite, Apt. #, etc.
		Cily FL Zip Code			
		10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named I mitted partnership organized or registered under the laws of the State of Florida, submitts 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). Thereby 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. Address of Each General Partner Address of Each General Partner Address of Each General Partner Address of Each General Partner					
11. Name(s) of Goneral Partner(s)	11a. (Do NOT Use Post Office Bo	x Numbers) 11b.	City, State & Zip Code	11c. Document Number	
AFFORDABLE/OAK RIDGE, INC.	C. 1637 EAST VINE STREET		KISSIMMEE FL 34744 P93000081695		
•			400002 : -01/03/ ****\$54	0962240 /9801108006 H1.25 ****\$41.25	
	(437.50 103.78	2)	dee		

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 hability 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 accu ite and that my signature shall have the ame legal offects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee

DATE 12.29-97

Daytime Telephone Number 407-931-0400