

**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

**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS**

**98 DEC 14 PM 1:48**

1. Name of Limited Partnership

1a. **DOCUMENT #  
A93000001405**

**OFRA INVESTMENTS, LTD.**



Mailing Address

P.O. BOX 1650  
WINDERMERE FL 34786-1650

Principal Office Address

5900 CASA DEL REY CIRCLE  
ORLANDO FL 32809

3. Date Formed or Registered

12/22/1993

5a. Capital Contributions as Shown on record.

\$9,700.00

3a. Date of Last Report

12/10/1997

5b. Amount of Capital Contributions in FLORIDA to date:

4. State or Country of Formation

FL

6. FEI Number

59-3224513

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)

2. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

2a. Principal Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

9. Name and Address of Current Registered Agent

ORCHILLES, FRANCISCO JR  
5900 CASA DEL REY CIRCLE  
ORLANDO FL 32809

10. If changed, new Registered Agent/Office

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, etc.

City

FL

Zip Code

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)

AUTOTIM CORP.

11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)

5900 CASA DEL REY CIR

11b. City, State & Zip Code

ORLANDO FL 32809

11c. Registration/ Document Number

P93000074172

100002721491--4  
-12/24/98-01008-006  
\*\*\*\*156.85 \*\*\*\*156.85

**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

*Jorge L. Orchilles*

DATE

12/9/98

Typed or Printed Name of General Partner Signing Form

JORGE L. ORCHILLES

Daytime Telephone Number

(407) 363-0015

CR2E003 (8/98)