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

LIMITED PARTNERSHIP ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

1117 July 1 OTHER IC DM Lates

1998	Secretary of DIVISION OF CO		CHAIR AND A		
1. Name of Limited Partnership	18. DOCUME A9400000		SECHE MARY OF STATE TALLAHASSEE FLORIDA		
RLANDO REAL ESTATE DE	VELOPMENTS, LTD.			11/1	
				4/10/	
falling Address	Principal Office Address		3. Date Formed or Registered	5a. Capital Contributions as Shown on record.	
1865 Cristina Marie Drive Drlando Fl 32835	6665 CRISTINA MARIE DRIVE ORLANDO FL 32635		02/15/1994 3a. Date of Last Report	\$150,000.00	
			01/02/1997	5b. Amount of Capital Contributions in FLORIDA	
2. Malling Address	2a. Principal Office Address		4. State or Country of Formation	150,000 -	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		6. FEI Number	Applied For	
City & State	City & State		59-3230294 7. Certificate of Status Desired	Not Applicable	
Zip Country	7ip	Country	<u> </u>	\$8.75 Additional Fee Required State (See reverse side for fee Information	
9. Name and Address of Currel	nt Replatered Agent		10. If changed, new Registered	d Agent/Office	
	III Majaroloa Agolii	Name	10. If Changed, now registered	2 Agentonico	
HWANG, CHARLES 6865 CRISTINA MARIE DRIVE		Street Address (P.O. Box Number Is Not Acceptable)			
ORLANDO FL 32835		Suite, Apt. #, etc.			
	City		FL 7p Code		
Qa. Pursuant to the provisions of sections 620.1051 at for the purpose of changing its registered office of agent. I am familiar with, and accept the obligation	r registered agent, or both, in the State of Flori				
SIGNATURE (Registered Agent Accepting Appointment)			NEDCHID OD OTHE		
MUS	T BE REGISTERED AND	D ACTIVE WIT	H THIS OFFICE.		
1. Name(s) of General Partner(s)	11a. Address of Each General (Do NOT Use Post Office Box	Partner x Numbers) 11b.	City. State & Zip Code	11c. Registration/ Document Number	
GLOBAL ASSOCIATES INTERNATIO	6665 CRISTINA MARIE D	ORLA	NDO FL 32835	P94000010537	
			200002: -12/19. ****5	3 781022 /9701089018 41.25 ****541.25	
Note: General partners MAY NO	T be changed on this form	; an amendmen	t must be filed to cha	ange a general partner.	
12. I do hereby certify that the information supplied with Corporations from any liability of non-compliance wi					

this annual report is true and accurate and that my signature shall have the same legal effects as if made under eath. 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.

Typed or Printed Name of General Partner Signing Form

Clethrag-

DATE Perombu 10, 1997

Daylimo Telephone Number (407) 293-4-162