

**FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

96 SEP 27 PM 12:34

1. Name of Limited Partnership

1a. DOCUMENT #
A94000001645

KESSLER LAKE BUENA VISTA, LTD.



700001968507
-10/09/96--01006--005
***585.00 ***585.00

Mailing Address

Principal Office Address

~~12205 APOPKA VINELAND ROAD~~
~~C/O TOM PELLO~~
~~ORLANDO FL 32806~~

~~THE KESSLER ENTERPRISES, INC.~~
~~8000 PEACHTREE RD. N.E. STE. 700~~
~~ATLANTA GA 30305~~

c/o THE KESSLER ENTERPRISE

3. Date Formed or Registered

12/02/1994

5a. Capital Contributions as Shown on record

\$460,000.00

3a. Date of Last Report

01/26/1996

5b. Amount of Capital Contributions in FL OHIDA to date:

4. State or Country of Formation

FL

2. Mailing Address

6649 WESTWOOD BLVD

2a. Principal Office Address

6649 WESTWOOD BLVD

Suite, Apt. #, etc.

SUITE 130

Suite, Apt. #, etc.

SUITE 130

City & State

ORLANDO, FL

City & State

ORLANDO, FL

Zip

32821

Country

Zip

32821

Country

6. FEI Number

58-2146120

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

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. If changed, now 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)

MWK LAKE BUENA VISTA, INC.

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

~~C/O 8000 PEACHTREE RD~~
6649 WESTWOOD BLVD
SUITE 130

11b. City, State & Zip Code

~~ATLANTA GA 30305~~
ORLANDO, FL
32821

11c. Registration/Document Number

P94000079425

KWM/cus

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 effect 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

[Signature]

DATE

9-25-96

Typed or Printed Name of General Partner Signing Form

RICHARD C. KESSLER

Daytime Telephone Number

(407) 248-2277

CR2E003 (6/96)