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

LIMITED PARTNERSHIP ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

To Certificate of Status Desired To Country Zip Country Zip Country Zip Country To Certificate of Status Desired \$8.75 Addition Fee Required \$8.75 Addi	1997	DIVISION OF COR		30 DEC 53	PM 3. 0-	
Making Address Principal Ciffice Address P.D. BOX 4445 WHITER PARK FL 32780 Principal Ciffice Address P.D. BOX 4445 WHITER PARK FL 32780 P.D. BOX 4445 P.D. Contribute of Shall Decision P.D. Box 1445 P.D. BOX 4445 P.D.	1. Name of Limited Partnership					
Making Address Principal Office Address Principal Office Address P.D. BOX 4445 P.D.	UNGLELAND OF ORLAND	O, LTD.				
Making Address				0012/27		
### State of Country State of State	Mailing Address	Principal Office Address		t	5a. Capital Contributions as Shown on record.	
2. Mailing Address 28. Principal Office Address FL Sulfe, Apt. #, etc. 50. FL Number FL Sulfe, Apt. #, etc. 6. FET Number 593297413 Applied For Not Applied For Sulfe 593297413 Applied For Not Applied For Sulfe 593297413 Applied For Not Applied For Not Applied For Sulfe 593297413 Applied For Not Applied For Sulfe 593297413 Applied For Not Applied				3a. Date of Last Report		
Sulfe, Apt. #, etc. City & State City & State City & State Country Zip Country Zip Country Zip Country 3, Name and Address of Current Registered Agent 10, If changed, new Registered Agent Agent Agent Agent State State Survey Agent Age	2. Mailing Address	dress 28. Principal Office Address		4. State or Country of Formation	to date:	
City & State To Country To	Suite Ant # etc	Suite Ant # etc		3	·	
2p Country 2p Country 7. Contricte of Status Desired 8. Make check peoplets to State (See reverse side for fee info 9. Name and Address of Current Registered Agent 10. If changed, new Registered Agent/Office Name CALABRESE, EUGENE 4590 W. IRLO BRONSON HIGHWAY KISSAMMEE FL 34741 Since Address (P.O. Box Number is Not Acceptable) City City City The Address of Country agent a method of control of the provisions of sectors \$20.1051 and \$20.192. Florida Statules, the above-named limited partnership organized or registered under the laws of the State of Fronda, submits this state of the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partnership organized or registered under the laws of the State of Florida, submits this state of the provisions of sections 620.192. Florida Statules, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this state of the provisions of sections 620.192. Florida Statules agent is method by its general partnership organized or registered under the laws of the State of Florida, submits this state of Florida. Submits agent is method by its general partnership organized or registered under the laws of the State of Florida, submits this state of Florida. Submits agent is registered under the laws of the State of Florida, submits in season of Florida, submits in season of the State of Florida, submits in season of Florida, submits in season of Florida State of Florida, submits in season of Florida, submits in Florida, submits in season of Florida, submits in Florida, s					Applied For Not Applicable	
B, Make check payables. Dept of State (See reverse cide for foe info 9, Name and Address of Current Registered Agent 10, If changed, new Registered Agent/Office CALABRESE, EUGENE 4580 W. IRLO BRONSON HIGHWAY KISSMMEE FL 34741 Sure, Apl. #, etc. — 12/31/36—1186—118 City ###\$576.25 City ###\$576.25 City ###\$576.25 A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENT MUST BE REGISTERED AND A CTIVE WITH THIS OFFICE. 11. Name(s) of General Partner(s) 11 a. (po/18876se Pool Office Box Numbers) 11b, City, State 8 Zip Code 11c. Registered Name Note: General partners MAY NOT be changed on this form; an amendment must be filled to change a general partner 12. Too hereby certify that the information supplied with this lang is volunteerly turnshed and does not equalify for the exemption stated in Section 11907(3)(6), Florids Statutes. I release the Divisor of				7. Certificate of Status Desired	\$8.75 Additional	
CALABRESE, EUGENE 4580 W. IRLO BRONSON HIGHWAY KISSMMEE FL 34741 Suite. Apt. #, etc. 12/21/36-01/086-018	Zip Country		Country	8. Make check payable to: Dept. of State (See reverse side for fee information		
CALABRESE, EUGENE 4580 W. IRLO BRONSON HIGHWAY KISSMMEE FL 34741 Suite. Apt. #, etc. 12/21/36-01/086-018	Q Name and Address of C	Surrent Registered Agent		10. If changed new Registers	d Agent/Office	
Size Address (P.O. Box Number is Not Acceptable) Size Address (P.O. Box Number is Not Acceptable) Substance P.O. Box Number is Not Acceptable)	Name			10. In onlinged, now registers	- Ngontonico	
Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner. Suite. Apt. #, etc	•	ļ	Street Address (P.O. B	toy Number Is Not Acceptable)		
Total Partners MAY NOT be changed on this form; an amendment must be filled to change a general partner. City	4380 W. IRLO BRONSON FRIGHWAY					
10a. Pursuant to the provisions of sections 620.192. Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this state 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 accept the obligations of section 620.192, Florida Statutes. SIGNATURE (Registered Agent Accepting Appointment) A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENT MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. 11. Name(s) of General Partner(s) 11a. (pol/Mol/State Statutes Stat	KISSIMMEE FL 34741		Suite, Apt. #, etc. —12/31/9601086018			
to 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, end accept the obligations of section 620.192, Florida Statutes. SIGNATURE (Registered Agent Accepting Appointment)			City	****		
A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENT MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. 11. Name(s) of General Partner(s) 11a. (Do Address of Fost Office Box Numbers) WEST WIND RANCH, INC. 30225 STATE ROAD, #44 EUSTIS FL 32726 P93000048384 Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partners. 1 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	for the purpose of changing its registered of	fice or registered agent, or both, in the State of Florid				
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. 11. Name(s) of General Partner(s) 11a. (Do NOT Use Post Office Box Numbers) WEST WIND RANCH, INC. 30225 STATE ROAD, #44 EUSTIS FL 32728 P93000048384 Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partners. 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						
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12. I do hereby certify that the information supplied with this filling is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of	WEST WIND RANCH, INC.	30225 STATE ROAD, #44	EU	ISTIS FL 32726	P93000048384	
						
Compositions were near the process of the process o						

empowered to execute this report as required by chapter 620, Florida Statutes.

Typed or Printed Name of General Partner Signing Form