


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

LIMITED PARTNERSHIP ANNUAL REPORT <b>1998</b>		 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
1. Name of Limited Partnership		1a. DOCUMENT # <b>A95000000168</b>	
JUNGLELAND OF ORLANDO, LTD.  <i>48-AR CM</i>			
Mailing Address P.O. BOX 4445 WINTER PARK FL 32783		Principal Office Address P.O. BOX 4445 WINTER PARK FL 32783	
2. Mailing Address		2a. Principal Office Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip Country		Zip Country	
3. Date Formed or Registered <b>02/01/1995</b>		5a. Capital Contributions as Shown on record <b>\$500,000.00</b>	
3a. Date of Last Report <b>12/23/1996</b>		5b. Amount of Capital Contributions in FLORIDA to date:	
4. State or Country of Formation <b>FL</b>		6. FEI Number <b>59-3297413</b> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
7. Certificate of Status Desired <input type="checkbox"/>		8. Make check payable to: Dept. of State (See reverse side for fee information)	

FILED  
97 OCT 17 PM 2:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



9. Name and Address of Current Registered Agent		10. If changed, now Registered Agent/Office	
CALABRESE, EUGENE 4580 W. IRLO BRONSON HIGHWAY KISSIMMEE FL 34741		Name	
		Street Address (P.O. Box Number Is Not Acceptable)	
		Suite, Apt. #, etc.	
		City	
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.		Zip Code <b>FL</b>	
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)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number
WEST WIND RANCH, INC.	30225 STATE ROAD, #44	EUSTIS FL 32726	P93000048384
300002324563--9 -10/20/97--01136--004 ****541.25 ****541.25			

**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

*Eugene Calabrese*

DATE

10/14/97

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

CR2E003 (6/97)