

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


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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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LIMITED PARTNERSHIP ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra Mortham Secretary of State DIVISION OF CORPORATIONS
1. Name of Limited Partnership FORT LIBERTY, LTD.	1a. DOCUMENT # A95000000867	

Mailing Address 6855 METROWEST BLVD., SUITE 445 ORLANDO FL 32835		Principal Office Address 6855 METROWEST BLVD., SUITE 445 ORLANDO FL 32835		3. Date Formed or Registered 06/09/1995	5a. Capital Contributions as Shown on record \$6,131,795.03
2. Mailing Address 200 S. Orange Ave.		2a. Principal Office Address 8445 International Dr.		3a. Date of Last Report 01/03/1996	5b. Amount of Capital Contributions in FLORIDA to date \$6,131,795.03
Suite, Apt. #, etc. Suite 2300		Suite, Apt. #, etc. Suite 138		4. State or Country of Formation FL	
City & State Orlando, FL		City & State Orlando, FL		6. FEI Number 59-3318119	
Zip 32801-3432		Zip 32819		7. Certificate of Status Desired <input type="checkbox"/> \$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 WELAND, JEFFREY P. 6855 METROWEST BLVD., SUITE 445 ORLANDO FL 32835	10. If changed, new Registered Agent/Office Name A.G.C. Co. Street Address (P.O. Box Number Is Not Acceptable) 200 S. Orange Ave. Suite, Apt. #, etc. Suite 2300 City Orlando
Zip Code FL 32801-3432	

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) *A.G.C. Co.*
By: [Signature] as Vice President DATE **12-19-96**

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) GEDCO USA, INC.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 6855 METROWEST BLVD. 8445 International Dr. # 138	11b. City, State & Zip Code ORLANDO FL 32835 32819	11c. Registration/Document Number P95000044338
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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 *Tyler Piercy* DATE *12/20/96*
 Typed or Printed Name of General Partner Signing Form **Gedco USA, Inc.** Daytime Telephone Number **907/248-8741**
By: Tyler Piercy, Treasurer