

FILE ON OR BEFORE APRIL 9, 1997 TO AVOID REVOCATION  
AND \$500 PENALTY FEE

LIMITED PARTNERSHIP  
ANNUAL REPORT  
1997



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

FILED

97 APR 21 AM 9:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



1. Name of Limited Partnership <b>THE EVANGELICA LIMITED PARTNERSHIP</b>		1a. DOCUMENT # <b>A95000001247</b>	
2. Mailing Address 1800 SUMMIT TOWER BLVD., SUITE 540 ORLANDO FL 32801		2a. Principal Office Address 1800 SUMMIT TOWER BLVD., SUITE 540 ORLANDO FL 32801	
3. Date Formed or Registered <b>08/21/1995</b>		5a. Capital Contributions as Shown on record. <b>\$85,000.00</b>	
3a. Date of Last Report <b>01/02/1996</b>		5b. Amount of Capital Contributions in FLORIDA to date:	
4. State or Country of Formation <b>FL</b>		6. FEI Number <b>APPLIED FOR</b> <b>59-3336795</b>	
7. Certificate of Status Desired <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable		8. Make check payable to: Dept. of State (See reverse side for fee information)	

9. Name and Address of Current Registered Agent <b>STAVER, MATHEW D</b> <b>1900 SUMMIT TOWER BLVD., SUITE 540</b> <b>ORLANDO FL 32801</b>	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City <b>FL</b> Zip Code
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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

**2/19/97**

**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) <b>STAVER, MATHEW D</b>	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) <b>1900 SUMMIT TOWER BLV</b>	11b. City, State & Zip Code <b>ORLANDO FL 32801</b>	11c. Registration/Document Number <b>300002153983--5</b> <b>-04/24/97--01093--006</b> <b>****541.25 ****541.25</b>
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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

DATE

**2/19/97**

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

CR2E003 (11/96)